



## International Association of Ministers' Wives and Ministers' Widows Incorporated

### Officer Nomination Application Packet

#### Candidate Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

*Please complete the information on the pages that follow. You may attach additional sheets if necessary. All application materials must be submitted to the **Nominating Chairperson by 11:59 p.m. on September 15<sup>th</sup>**. All application materials become the property of the Nominations Committee of the International Association of Ministers' Wives and Ministers' Widows, Incorporated.*

## Education

High School Attended:  
City/State:  
Dates of Attendance:  
Diploma Earned: Yes/No

Colleges/University Attended:  
City/State:  
Dates of Attendance:  
Degree Earned:

Colleges/University Attended:  
City/State:  
Dates of Attendance:  
Degree Earned:

Colleges/University Attended:  
City/State:  
Dates of Attendance:  
Degree Earned:

## Employment History

Company/Organization:

Job Title:

Dates of Employment:

Company/Organization:

Job Title:

Dates of Employment:

Company/Organization:

Job Title:

Dates of Employment:

Civic/Social Memberships and Leadership Positions Held/Terms of Office

Organization:  
Dates of Membership:  
Office(s) Held:  
Term(s) of Office:

Organization:  
Dates of Membership:  
Office(s) Held:  
Term(s) of Office:

Organization:  
Dates of Membership:  
Office(s) Held:  
Term(s) of Office:

Local/State Affiliate of the International Association of Ministers' Wives and  
Ministers' Widows, Incorporated

Local Affiliate:  
Years of Membership:  
Office(s) Held:  
Term(s) of Office:

State Affiliate:  
Years of Membership:  
Office(s) Held:  
Term(s) of Office:

## References

Please list the names of two (2) members of the International Association of Ministers' Wives and Ministers' Widows, Incorporated who will provide a reference.

Name:  
State/Local Affiliate  
Address:  
Telephone Number:  
Email Address:

Name:  
State/Local Affiliate  
Address:  
Telephone Number:  
Email Address:

Please list the names of two (2) individuals who will provide a personal reference.

Name:  
Relationship:  
Address:  
Telephone Number:  
Email Address:

Name:  
Relationship:  
Address:  
Telephone Number:  
Email Address:

Write a brief statement (300 words or less) explaining why you are seeking office in the International Association of Ministers' Wives and Ministers' Widows, Incorporated.

Signature

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submitted by Barbara M. Boulware  
June 2023