

*United Holy Church of America, Inc.*

**Northern District**

**Nomination Application 2024**



*Dr. Eversel Griffith*

Chairman

*Dr. Jocelyn Manigo*

Vice Chairlady

# *United Holy Church of America, Inc.*

## **Northern District**



### **Nominating Committee Procedures**

**The following are the procedures that will be followed for the nominating process.**

1. Completed applications must be received on or prior to **February 14, 2024**.
2. Application must be typewritten; otherwise, it will not be accepted.
3. An applicant can nominate himself or herself.
4. An applicant that is nominated by someone other than himself/herself must consent by completing the Nomination Acceptance Form.
5. Applicants can only be considered for one position.
6. Applicants must interview with the committee. Each applicant will receive a scheduled time to meet with the committee.
7. Applications will not be accepted after the deadline unless there are vacancies which the committee will identify.
8. Applicants must submit a Pastoral/District Elder Reference Form.
9. If applicant is a Pastor, he/she must submit a Pastoral/District Elder Reference Form signed by his/her District Elder.
10. Bishops need not submit a Pastoral/District Elder Reference Form.
11. All clergy must submit a Financial Clearance Form that must be signed by an official of the Northern District Finance Committee only.
12. YPHA and BCS officers are required to have a criminal record check and a child abuse clearance. "No Exceptions"

# *United Holy Church of America, Inc.*

## **Northern District**



### **Available Positions**

#### **ADMINISTRATION**

Convocation President  
Convocation Vice President  
Convocation 2<sup>nd</sup> Vice President  
Convocation Secretary  
Convocation Assistant Secretary  
Treasurer  
Financial Secretary  
Assistant Financial Secretary

#### **BCS/YPHA Department**

YPHA President  
YPHA Vice President  
BCS Superintendent  
BCS Assistant Superintendent  
Secretary  
Financial Secretary

**\*This department requires all officers to have a criminal record check and child abuse clearance. "No Exceptions"**

## **USHER Department**

President  
Vice President  
Secretary  
Recording Secretary  
Financial Secretary  
Assistant Secretary

## **MISSIONARY Department**

President  
Vice President  
Secretary  
Financial Secretary  
Assistant Financial Secretary

## **EDUCATION Department**

Chairperson  
Vice Chairperson  
Secretary  
Financial Secretary  
Assistant Financial Secretary

## **EVANGELISM Department**

Chairperson  
Vice Chairperson  
Secretary  
Financial Secretary  
Assistant Financial Secretary

*United Holy Church of America, Inc.*

**Northern District**



To: Northern District Nominating Committee

Please accept my nomination of \_\_\_\_\_  
(Name & Position)

\_\_\_\_\_

in the Northern District Convocation.

I fully understand that by nominating the above individual does not constitute acceptance until all prerequisites are met and the nominee is interviewed.

Signature of Nominator: \_\_\_\_\_

Signature of Nominee: \_\_\_\_\_

# 2024

## NORTHERN DISTRICT OFFICIAL NOMINATION APPLICATION



This Official Nomination Application must be  
typewritten or legibly handwritten and returned to:  
Dr. Eversel Griffith, 155 Buttonwood Drive, Piscataway, NJ 08054  
On or before February 14, 2024, 2020  
Any questions, please contact Dr. Eversel Griffith at  
[egmtcarmel@aol.com](mailto:egmtcarmel@aol.com) or (732) 895-3585

Office which you are pursuing: \_\_\_\_\_

Department: Northern District Convocation \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

1. Why are you pursuing this office?

2. Do you meet the minimum qualifications for the office you are pursuing in the UHC Standard Manual 2005 Edition?  Yes  No

If yes, explain.

3. How long have you been a member of the United Holy Church of America, Inc.?

4. Do you have the sacrificial time and financial ability to function in the office you are pursuing?  Yes  No

5. List your educational background: (highest level attained, special courses completed, etc.)

6. List any special skills, training, and /or experience related to the office for which you are pursuing. (i.e. typing, bookkeeping, accounting, management, public speaking, etc.)

a. How have you used these skills?

7. Please list all offices you have previously held or currently hold in the Northern District, and the length of time served in those positions.

**Position**

**Department**

**Level**

**How Long**

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use Only**

This Nomination Form was received on \_\_\_\_\_, (Date)

Signature of Committee Member: \_\_\_\_\_

*United Holy Church of America, Inc.*

**Northern District**



**Pastoral/District Elder Reference Form**

Name: \_\_\_\_\_

Office of pursuit: \_\_\_\_\_

Department: \_\_\_\_\_

1. Is the applicant a member in good standing in their local church and Sub District?  
 Yes                       No
2. Would you recommend the application for the office in which they are pursuing?  
 Yes                       No

If No, please explain.



3. Does the applicant work as a team player and have good work ethics?

Yes  No

4. Does the applicant adhere to authority?

Yes  No

5. Please provide any comments regarding the applicant's character and ability.

Signature of Pastor: \_\_\_\_\_ Date:

Signature of District Elder: \_\_\_\_\_ Date:

*United Holy Church of America, Inc.*

**Northern District**



**Financial Clearance Form**

**This form must be signed by an official of the Northern District Finance Committee Only.**

Applicant's Name: \_\_\_\_\_

Office of pursuit: \_\_\_\_\_

Department: \_\_\_\_\_

An official of the Northern District Finance Committee will certify the following:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1 – Applicant's License is up to date.    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 – Applicant receives the Holiness Union | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 – If applicant is a pastor:             |                              |                             |
| A – Church's assessment is up to date.    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B – License is up to date.                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Certification completed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_