

Nomination Form ❖ Biographical Information

Evangelical Lutheran Church in America



TO BE COMPLETED BY NOMINEE *(Please, type or print legibly):*

1. Nominee for: _____
(Specify board, committee, or Church Council)

2. Name: _____

3. Title: Ms. Mr. Pr.

4. Residence: _____

5. **Preferred** Mailing Address: _____

6. Telephone: Home: () _____ Work: () _____ Ext. _____

Fax: () _____ E-mail: _____

7. Congregation Membership: _____ Region: ____ Synod: ____

(Address, City & State)

8. If rostered *(please, list where):* _____ Region: ____ Synod: ____

Which Roster: Clergy Associate in Ministry Deaconess Diaconal Minister

9. Indicate experiences or factors *(up to three)* that you believe have prepared you for service to this position:

a. _____

b. _____

c. _____

10. List three current or past congregational, synodical, or churchwide service activities related to this position *(please, limit to three):*

a. _____

b. _____

c. _____

11. Educational Institution *(please, limit to three):* _____ Degree (if applicable) Field of Study

a. _____

b. _____

c. _____

12. Employer (*current or most recent*): _____

13. Position/Title (*if applicable*): _____

14. List current or past community-related service activities (*please, limit to three*):

a. _____

b. _____

c. _____

**NOTE: IN ORDER TO SATISFY ELCA CONSTITUTIONAL REQUIREMENTS ON NOMINATIONS
THE FOLLOWING SECTION MUST BE COMPLETED.
FAILURE TO DO SO WILL PRECLUDE CONSIDERATION OF NOMINATION**

1. Gender: _____	2. Year of Birth: _____	3. Primary Language: _____	
4. Other languages you speak: _____			
5. Ethnic/Racial Group (<i>check one</i>):			
<input type="checkbox"/> African American	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> American Indian	<input type="checkbox"/> Other
<input type="checkbox"/> Arab and Middle Eastern	<input type="checkbox"/> Asian and Pacific Islanders	<input type="checkbox"/> Black	
<input type="checkbox"/> Latino		<input type="checkbox"/> White	_____
6. Are you: <input type="checkbox"/> Lay <input type="checkbox"/> Clergy			
7. Are you willing to serve, if elected? _____			
8. Are you related to any current ELCA churchwide staff member? _____		If so, list name and relationship: _____	

If you are a nominee for the Board of Pensions, are you a member or potential recipient of benefits in any form of the pension plan?			

TO BE COMPLETED BY THE NOMINATOR:

Nominated by: _____

Work Telephone: () _____ Weekend Telephone: () _____

Signature: _____

Date: _____

