

**NOMINATION FORM FOR SYNOD COUNCIL AND CHURCHWIDE ASSEMBLY
BIOGRAPHICAL INFORMATION
PLEASE COMPLETE ALL FIELDS**

NOMINEE FOR:

DATE: _____

Enter position for which this individual is to be nominated

NAME OF NOMINEE:

First Name

Middle Name or MI

Last Name

EMAIL ADDRESS:

MAILING ADDRESS:

STREET

CITY

STATE

ZIP CODE

TELEPHONE:

Home

Office

Cell

AGE:

GENDER:

DATE OF BIRTH:

MONTH

DAY

YEAR

ETHNICITY:

PRIMARY LANGUAGE:

EDUCATION:

INSTITUTION/EXPERIENCE	MAJOR FIELD	YEARS ATTENDED	DEGREES	DATES FROM/TO

WORK EXPERIENCE:

EMPLOYER	JOB TITLE /RESPONSIBILITY	DATES FROM/TO

NAME/CITY OF CONGREGATION MEMBERSHIP (VOTING MEMBER) _____

LIST CURRENT OR PAST CONGREGATIONAL/SYNODICAL/CHURCHWIDE SERVICE:

LIST CURRENT OR PAST COMMUNITY SERVICE OR INTEREST:

I have contacted the person and they are willing to serve This person is a voting member of a SEPA ELCA Congregation

This person has served as a voting member to a previous ELCA Assembly. Please list years of attendance _____

Signature of the Nominator

Please answer the following questions.

1. List your top five spiritual gifts and/or personal gifts you would bring to the position if elected.

2. How have you used these gifts in service to the church and your work? Please answer in 50 words or less.

Be sure to send your required digital photo via email to Cynta Outterbridge at [couterbridge@sepa.org](mailto:coutterbridge@sepa.org). This form will not be valid without the submission of the nominee's digital photo and all fields completed.