

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

NOMINEE FOR:

DATE: \_\_\_\_\_

Enter position for which this individual to be nominated

FULL LEGAL NAME OF NOMINEE: \_\_\_\_\_  
FRIST NAME MI Last Name

EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

TELEPHONE: \_\_\_\_\_  
Daytime Evening

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 AND CONFERENCE OF NOMINEE'S HOME CONGREGATION: \_\_\_\_\_

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

Nominator	Email Address	Phone Number

Please answer the following question in 25 to 50 words or less.

1. List your top five spiritual 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