

**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