

**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:

TITLE      FIRST NAME      MI **(REQUIRED, IF NO MI PLEASE INDICATE NONE)**      LAST NAME      SUFFIX

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

MAILING ADDRESS:

STREET      CITY      STATE      ZIP CODE

TELEPHONE:

Daytime      Evening      Cellphone

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 questions:**

1. List your top five spiritual and/or personal gifts you would bring to the position if elected? Please answer the question in 50 words or less.

2. How have you used these gifts in service to the church and your work? Please answer the question in 100 words or less.