

# Southern Ohio Synod

Evangelical Lutheran Church in America

## **SCIOTO CONFERENCE**

*This form should be completed by the nominee. Completion of this form indicates willingness to serve in the nominated position indicated below. Return completed form to Michelle Riesbeck at [micheller@riesbeckfoods.com](mailto:micheller@riesbeckfoods.com) by April 30, 2019.*

I. Please provide nominee information below.

Name (Include Prefix): \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Congregation Name & City: \_\_\_\_\_

Conference: \_\_\_\_\_

Gender: \_\_\_\_\_

Under Age 30: \_\_\_\_\_

Person of Color: \_\_\_\_\_

Primary Language Other Than English? \_\_\_\_\_

II. Please check the position for which you are nominated.

**SYNOD COUNCIL-SCIOTO**                      **4 YEAR TERM**

\_\_\_\_\_ **Clergy**

\_\_\_\_\_ **Lay Male**

IV. Tell us about yourself as it relates to the position for which you are nominated.

### **Congregational Experience (List no more than 3 examples)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### **Synodical/Churchwide Experience (List no more than 3 examples)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### **Community Experience (List no more than 3 examples)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_