

Southern Ohio Synod

Evangelical Lutheran Church in America

YOUNG ADULT-ANY CONFERENCE

This form should be completed by the nominee. Completion of this form indicates willingness to serve in the nominated position indicated below.

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-ANY CONFERENCE

4 YEAR TERM

_____ **Young Adult**

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. _____