

Southern Ohio Synod

Evangelical Lutheran Church in America

I. Please provide nominee information below.

Name: _____

Preferred Phone: _____

Email Address: _____

Congregation Name & City: _____

What Conference is your congregation a part of? _____

(Optional) I am a person of color and/or my primary language is something other than English: Yes
 No

II. Please check the position for which you are nominated Synod Council Churchwide Assembly

 Rostered Minister Lay Man Lay Woman

IV. Please help the Assembly know you better by providing a brief (few sentences) answer to each question below:

What leadership experience have you gained through service in your congregation, synod or Churchwide expression?

What leadership experience have you gained through your employment or service in your community?

What gifts or skills will you bring to your service on the Synod Council if elected?

