

Southern Ohio Synod

Evangelical Lutheran Church in America

300 South Second Street
 Columbus, Ohio 43215
 614/464-3532 FAX 614/464-3422
www.southernohiosynod.org

I. Please print information about the nominee.

Name of Nominee							
Address							
City / State / Zip							
Telephones	Day:	Evening:			Other:		
Email							
Congregation							
Conference	CI		CO	DA	NW	MU	SC
Roster (Circle one)	Lay	Associate in Ministry		Clergy	Deaconess	Diaconal Minister	
Gender (Circle one)	Male		Female				
Person of Color						___ Yes	___ No
Primary Language other than English?						___ Yes	___ No
Age (Check one)	___ Youth	___ 20-29	___ 30-39	___ 40-49	___ 50-59	___ 60+	
Consent	Has this person consented to this nomination? (Check one)					___ Yes	___ No

II. Please check the position for which you are nominating this person.

SYNOD COUNCIL

- ___ Cincinnati Conference Clergy
- ___ Cincinnati Conference Lay Male
- ___ Dayton Conference Lay Male
- ___ Northwest Conference Lay Female
- ___ Northwest Conference Lay Male
- ___ Muskingum Conference Lay Female
- ___ Muskingum Conference Clergy (Unexpired Term)
- ___ Scioto Conference Clergy
- ___ Scioto Conference Lay Male

TRINITY SEMINARY

- ___ Board of Directors Clergy

2016 CHURCHWIDE ASSEMBLY

- ___ Cincinnati Conference Clergy
- ___ Cincinnati Conference Lay Female
- ___ Central Ohio Conference Clergy
- ___ Central Ohio Conference Lay Male
- ___ Dayton Conference Clergy
- ___ Dayton Conference Lay Male
- ___ Muskingum Conference Clergy
- ___ Muskingum Conference Lay Male
- ___ Northwest Conference Clergy
- ___ Northwest Conference Lay Female
- ___ Scioto Conference Clergy
- ___ At Large Lay Male *
- ___ At Large Lay Female *
- ___ At Large Lay Male **
- ___ At Large Lay Female **

* = Person of Color or Primary Language Other Than English
 ** = Youth or Young Adult (Under the age of 30)

Note: The Bishop and Synod Vice-President are Ex-Officio Voting Members of the Churchwide Assembly, thus Barbara Klatt will be the Lay Voting Member from the Scioto Conference

Please complete the other side of this page and return to the Synod Office by January 15th.

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III. Please tell us why you feel this person is qualified to hold this elected position within our synod. This information will be used by the Nominating Committee to better inform them about nominees and help them in their discernment process.

IV. This section is to be completed by the nominee. Please print neatly or type.

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

Congregational Experience (List no more than 3 examples)

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

Community Experience (List no more than 3 examples)