

**Evangelical Outreach and Congregational Mission
Synodically Authorized Worshipping Community
Ministry Profile Form**

Name of SAWC _____

Mailing Address _____

City/State/Zip Code _____

If mailing address is a PO Box, please provide a street address for the purpose of ELCA Umbrella Insurance coverage.

Designated Leader _____

Phone _____ **Email** _____

Congregation ID# _____

Employee Identification # (EIN) _____

Congregation of Record _____

City/State _____

Attach a list of names of initial SAWC participants (with contact information)

On _____ the _____ recommends the Synod
(date) (Outreach Table/Exec Comm.)

Council designate _____ as a Synodically
(name of ministry)

Authorized Worshipping Community of the _____ Synod.

Bishop/Chair signature _____ Date _____