

# Nomination Form & Biographical Information

Evangelical Lutheran Church in America



## TO BE COMPLETED BY NOMINEE *(Please, type or print legibly):*

1. Nominee for: \_\_\_\_\_  
*(Specify board, committee, or delegation)*

2. Name: \_\_\_\_\_

3. Title: Ms.  Mr.  Pr.

4. Residence: \_\_\_\_\_  
\_\_\_\_\_

5. Preferred Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

6. Telephone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Ext.: \_\_\_\_\_  
Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

7. Congregation Membership: \_\_\_\_\_  
\_\_\_\_\_  
*(Address, City & State)*

8. If rostered *(please, list where):* \_\_\_\_\_ Region: \_\_\_\_\_  
Which Roster:  Clergy  Associate in Ministry  Deaconess  Diaconal Minister

9. Indicate experiences or factors *(up to three)* that you believe have prepared you for service to this position:  
a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

10. List current or past congregational, synodical, or churchwide service activities related to this position *(please, limit to three)*:  
a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

11. Educational Institution <i>(please, limit to three):</i>	Degree <i>(if applicable)</i>	Field of Study
a. _____		
b. _____		
c. _____		

12. Employer (current or most recent): \_\_\_\_\_

13. Position/Title (if applicable): \_\_\_\_\_

14. List current or past community-related service activities (please, limit to three):

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**NOTE: IN ORDER TO SATISFY ELCA CONSTITUTIONAL REQUIREMENTS ON NOMINATIONS  
THE FOLLOWING SECTION MUST BE COMPLETED.  
FAILURE TO DO SO WILL PRECLUDE CONSIDERATION OF NOMINATION**

1. Gender: \_\_\_\_\_ 2. Year of Birth: \_ 3. Primary Language: \_\_\_\_\_

4. Other languages you speak: \_\_\_\_\_

5. Ethnic/Racial Group (check one):

- |  |  |  |                                |
|--|--|--|--------------------------------|
| <input type="checkbox"/> African American        | <input type="checkbox"/> Alaska Native     | <input type="checkbox"/> American Indian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Arab and Middle Eastern | <input type="checkbox"/> Asian and         | <input type="checkbox"/> Black           |                                |
| <input type="checkbox"/> Latino                  | <input type="checkbox"/> Pacific Islanders | <input type="checkbox"/> White           | _____                          |

6. Are you:  Lay  Clergy

7. Are you willing to serve, if elected? \_\_\_\_\_

8. Are you related to any current ELCA churchwide staff member? \_\_\_\_\_

9. If so, list name and relationship: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail to:  
EVANGELICAL LUTHERAN CHURCH IN AMERICA  
Ecumenical and Inter-Religious Relations  
Attn: Ms. Eileen M. Heffner  
8765 West Higgins Road  
Chicago, IL 60631

Telephone: 1/800/638-3522 ext. 2615 or 773/380-2610  
Facsimile: 773/380-2587  
E-mail: [Eileen.Heffner@elca.org](mailto:Eileen.Heffner@elca.org)