

**Virginia Synod Assembly 2019**  
**NOMINATION FORM – BIOGRAPHICAL INFORMATION**

**Due By: May 8, 2019**

1. Nominee for: \_\_\_\_\_  
(position being nominated for)

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

Person of color/primary language other than English: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Lay \_\_\_\_\_ Rostered Minister \_\_\_\_\_ Male \_\_\_\_\_ Female

3. Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

4. Telephone: Res \_\_\_\_\_ Work \_\_\_\_\_

5. Congregation Membership: \_\_\_\_\_ Parish \_\_\_\_\_

Conference: \_\_\_\_\_

6. Occupation: \_\_\_\_\_  
(If retired, former occupation)

7. List experiences or factors that you believe have prepared you for service in this position (up to three):

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

8. List current or past congregational, synodical or churchwide activities related to qualification for this position (up to three):

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

9. List current or past community-related service activities (up to three):

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

10. Will serve if elected:

☐ Yes

☐ This is a self-nomination

Your name \_\_\_\_\_ Congregation \_\_\_\_\_ Parish \_\_\_\_\_

Your Signature \_\_\_\_\_

If mailing Please return to: The Virginia Synod, ELCA  
P.O. Box 70, Salem, VA 24153