

**VIRGINIA SYNOD, ELCA  
NOMINATION FORM - BIOGRAPHICAL INFORMATION**

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

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

2. Name: \_\_\_\_\_  
Person of color/primary language other than English: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Minister of  
\_\_\_\_\_ Lay \_\_\_\_\_ Word and Sacrament \_\_\_\_\_ Male \_\_\_\_\_ Female

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

Will serve if elected. \_\_\_\_\_ Yes This is a self-nomination \_\_\_\_\_

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

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

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