

## NOMINATING BIOGRAPHICAL INFORMATION

*Anyone accepting nomination for a Synod Council position must have a background check and therefore fill out a disclosure form.*

Conference \_\_\_\_\_

Position Nominated for: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Congregational membership (include city/state): \_\_\_\_\_

Congregational activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Synodical/churchwide activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person of color/language other than English?	___ yes	___ no
Youth (younger than 18 years old)	___ yes	___ no (DOB _____)
Young Adult (between 18 & 30 years old)	___ yes	___ no (DOB _____)

Nominated by:

\_\_\_\_\_

Please return this form no later than **April 15, 2019** to Central States Synod, 136 Main St., Suite 101, Kansas City, MO 64105 or [scandea@css-elca.org](mailto:scandea@css-elca.org)