NOMINATING BIOGRAPHICAL INFORMATION

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

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, 2020** to Central States Synod, 420 W. 14th St #101, Kansas City, MO 64105 or tanderson@css-elca.org*

DISCLOSURE

As part of the election process for bishop, synod officers and Synod Council members, **except for youth**, the Central States Synod of the Evangelical Lutheran Church in America, is required by continuing resolution S9.12.A08 to obtain a background check of all nominees. Please return this form directly to Tim Anderson, Director of Communication at the synod office or by e-mail to tanderson@css-elca.org.

AUTHORIZATION

During the 2020 nominating and election process and at any time during the tenure of any position as a synod officer or Synod Council member to which I may be elected, I hereby authorize First Advantage Background Services, Corporation, P.O. Box 105292, Atlanta, GA 30348, 1-800-845-6004, on behalf of the Central States Synod of the Evangelical Lutheran Church in America to verify my social security number and do a check of the national criminal data base for any convictions. An additional credit history check will be done for the nominees for the position of the synod treasurer. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification.

_____

Nominee Name (Please print full name, including **middle** name)

_____

Address

_____   _____

Nominee Signature   Date

_____-_____-_____   _____

Social Security Number *   Date of Birth

*For Identification Purposes Only