

**Biographical Information for 2019 Nominees
Complete and return by May 1, 2019, to:**

**Nominating Committee
METROPOLITAN CHICAGO SYNOD, ELCA
1420 W. Dickens Avenue
Chicago, IL 60614-3004**

***Recommended for Election to the
Synod Council***

Name:

Address:

City: **State:** **ZIP**

Home Phone:

Work Phone:

Congregation of membership: **Conference** _____

City:

Occupation:

E-mail:

Person of color? Yes No **Primary language (if not English)**

Clergy

Deacon

Lay

Positions held (maximum four in each category). Please indicate currently held positions.

In congregation: (Spell out all acronyms)

Select if currently held position.

In synod:

Select if currently held position.

Continue to next page

Name:

VITA Sheet

In churchwide organization:

Select if currently held position.

<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>

In community:

Select if currently held position.

<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>

Please tell in 25 words or fewer why you are interested in serving in this way.

I have previously served on the synod council or other committee

Yes No

If "yes," indicate all terms of service

Nominated by:

Congregation of membership:

Home Phone:

Address:

Date: