

NOMINATING BIOGRAPHICAL INFORMATION

Anyone accepting a nomination for a Synod Council position must have a background check and, therefore, fill out a disclosure form. This does not apply to nominees for the Consultation and Discipline Committees or Churchwide voting members.

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, 2025**, to Central States Synod, 420 W. 14th St., Suite 101, Kansas City, MO 64105, or Tim Anderson at tanderson@css-elca.org*