

NOMINATING BIOGRAPHICAL INFORMATION

Anyone accepting 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, 2022** to Central States Synod, 420 W. 14th St., Suite 101, Kansas City, MO 64105 or Tim Anderson at tanderson@css-elca.org*

Disclosure Form

As part of the election process, the Central States Synod of the Evangelical Lutheran Church in America, requires, by continuing resolution S9.12.A08, that a background check be obtained for all nominees for synod officers and synod council members, **except for youth** Please return this form directly to Tim Anderson to the synod office or by e-mail to tanadersson@css-elca.org.

AUTHORIZATION

During the 2022 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 and include middle name)

Address (Complete address with city/state/zip)

Nominee Signature

Date

Social Security Number *

Date of Birth

*For Identification Purposes Only