

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, 2026**, to Central States Synod, 420 W. 14th St., Suite B, Kansas City, MO 64105, or Tim Anderson at tanderson@css-elca.org