



# Northwestern Ohio Synod, ELCA

## NOMINATION VITA for ELECTED POSITION

*(Please type or print legibly)*

**POSITION TO BE FILLED:** \_\_\_\_\_ **Conference:** \_\_\_\_\_  
*(Specify the Position and nominee's Conference)*

### NOMINEE INFORMATION

**Full Name:** \_\_\_\_\_

**Title:** Mrs. Ms. Mr. Pastor Doctor Other \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_

**Telephone:** Home: \_\_\_\_\_ Cell: \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Name of Congregation:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Pastor(s):** \_\_\_\_\_

**Minority\*** Yes No If you checked 'Yes' indicate: African American Latino Asian  
Arab/Middle Eastern American Indian Other \_\_\_\_\_

**Member Status:** Lay Rostered Clergy Rostered Lay: \_\_\_\_\_ **Gender:** Male Female

Indicate **congregational, synodical, churchwide and/or community service** that has prepared you for this position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate with a brief statement **why you are qualified** for the position to which your name is being submitted and **what particular gifts you possess** that you bring to this position and to the Northwestern Ohio Synod: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that Nomination Committee will review this application and I will receive notification regarding my nomination status in April.**

**Signature:** \_\_\_\_\_ **Date of Submission:** \_\_\_\_\_

