

**BIOGRAPHICAL INFORMATION/OFFICE OF BISHOP
INDIANA-KENTUCKY SYNOD, ELCA**

The purpose of this form is to provide information for voting members of the 2010 Synod Assembly. The completion of this form does not constitute a nomination. Completion of the form is not a pre-condition to nomination on the ecclesiastical ballot. Only those names of rostered, ELCA clergy that appear on the first ballot will be eligible to go through the bishop election process.

Please print legibly:

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HOME PHONE _____ **CELL PHONE** _____

EMAIL _____

Are you willing to have your name placed in nomination for the Office of Bishop?

If YES, please complete this form. *If NO, please sign and return as indicated at the bottom.*

Year ordained _____ Current synod _____

Education (limit to 3)

School	Degree	Field of Study

Congregations, agencies or institutions served as an ordained pastor.

List the most recent entity first.

Congregation/Agency/Institution	Ave worship Attendance	CCC	Position	# of Staff Supervised	Years of Service

For the following questions, do not exceed the space provided.

List any other occupational experience that is relevant to your church service.

List community, synodical or churchwide experiences that you believe have prepared you for further service in the church.

What gifts, expertise or personal vision would you bring to the Office of Bishop?

SIGNED

This form is submitted by _____

Address _____

Cell phone _____ Submitter's signature _____

*Submit this biographical information form to Liz Michael, vice president, I-K Synod,
lmichael@c21scheetz.com 438 Edgemere Drive, Indianapolis, IN 46260 or Fax ATTN:LIZ 317-573-5182*