

Nomination Form

New Jersey Synod, ELCA

To complete Online: DOWNLOAD and save document, then enter information in the text boxes. Save your document and email to lbarnes@njsynod.org

Nomination for:

Nominee's Name (Including middle initial):

Home Address:

Home Phone/Cell:

E-mail Address:

Current Call, Employer or School *(Please include position if applicable)*

Experience/Education *(In a few sentences, please describe your current and recent past work experience or education background including institutions, field of study, and degree attained if applicable.)*

THREE current or recent (within the last 5 years) congregational/synodical/churchwide positions appropriate to this possible position:

THREE current or recent (within last 5 years) community-related service activities/positions:

Congregational Membership (*Church Name and Location*)

Yes or No - my congregation contributes with Mission Support sharing.

Yes or No - my congregation has submitted an ELCA 2024 Form A.

Yes or No - I have submitted my Annual Report to the Bishop (rostered leaders only).

NOTE: *To satisfy constitutional requirements on nominations, please complete the following. Failure to do so will preclude consideration of this nomination.*

Year of Birth:

Preferred Pronouns:

Primary Language:

Other languages spoken:

Ethnic/Racial Group (*please specify*):

Confirm E-mail Address:

Please email completed form to:

LuAnn Barnes

lbarnes@njsynod.org