

Biographical Information Form

Pre-Identified Pastors of Interest (willing to be considered for nomination as the bishop of the Alaska Synod) Please provide the following information:

1. Name:

2. Current Position:

3. Congregation Membership:

4. Date and Year of Birth:

5. Date and Year of Ordination:

6. Previous Positions:

7. Education and Earned Degrees (with institutions and years, most recent first):

8. List up to five (5) current or past synod or churchwide activities that would inform your service as bishop of the Alaska Synod.

1)

2)

3)

4)

5)

9. List up to five (5) current or past community-related activities that would inform your service as bishop of the Alaska Synod.

1)

2)

3)

4)

5)

10. What gifts would you bring to the office of bishop of the Alaska Synod? (1,000 characters maximum - continue on attached pages as needed)

11. What do you see as the principal challenge to the Alaska Synod in the next six (6) years, and how would you address it? (1,000 characters maximum - continue on attached pages as needed)

12. Describe your leadership style. (1,000 characters maximum - continue on attached pages as needed)

I, certify that the information contained in this Candidate Information Form is correct and accurate to the best of my knowledge. If there are any significant changes, I will update this form promptly. I further certify that I have agreed to, signed and forwarded the authorization and release of this Biographical Information Form to the Alaska Synod Council/Bishop Election Committee.

I, authorize any references, supervisors, ELCA agencies, or any other person or organization to give the Alaska Synod Council/Bishop Election Committee any information (including opinions) regarding my character and fitness for ministry. I also release any individual, employer, congregation, ELCA agency, institution, organization, or official, reference, or any other person or organization providing information, from any and all liability for damages of whatever kind or nature which may exist at any time on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information. A facsimile, photocopy or electronic copy of this Authorization and Release shall be valid as the original.

*Signature: _____ *Date: _____

Printed: *First Name: _____

Middle Name: _____

*Last Name: _____

Preferred Pronouns: ___ He/Him/His ___ She/Her/Hers
 ___ Other (please specify): _____

*Contact Information(for use by the Synod Council/Bishop Election Comm. only):

*Email address: _____

*Phone number: _____

Home address: _____

Mailing address (if different from Home address):

*required information

**Please email this form to the Alaska Synod Council/Bishop Election Committee
at: alaskavisionelca@gmail.com or Fax to the Synod Office at: 907-274-3141**

Alaska Synod of the ELCA

1847 W Northern Lights Blvd #2, Anchorage, AK 99517

907-272-8899 Fax 907-274-3141

Questions? Synod Council/Bishop Election Comm: akvisionelca@gmail.com

ATTACHED PAGE(S) FOR: (NAME) _____
PLEASE NOTE QUESTION NUMBER WHICH IS CONTINUED HERE.