



Please download and save file to your computer before filling out this form.
 Email to office@lutheransnw.org when finished!

Date of Ordination: _____ Birthdate: _____ Pastor Deacon SALM
MM/DD/YYYY MM/DD/YYYY

LAST NAME FIRST NAME PREFERRED NAME

Pronouns:

This is how you would like the Bishop's Office to contact you:

Preferred Email: _____
 Alternate Email: _____
 Preferred Phone: _____

Mailing Address: _____
 City: _____ State: _____ Zip Code: _____

Mailing Address same as Physical Address

Physical Address: _____
 City: _____ State: _____ Zip Code: _____

Would you like to be on Pulpit Supply? YES NO

What geographic areas? _____

Name and location of congregation of which you are a member:

Church Name Church Location

If applicable, how would you like to receive your Anniversary Certificate?

Synod Office Bishop's Convocation Synod Assembly Retirement Lunch Mailing

Your Family

If married:
 Preferred Name of Spouse: _____ Date of Marriage: _____
MM/DD/YYYY

Did you have a change of marital status last year? YES NO

Did you add any dependents in the last year? _____
Name, Relation, Date of Birth

Health & Wellness

1 is low and 5 is high

I consider myself physically, emotionally and spiritually healthy.

1 2 3 4 5

I have one or more of the following: spiritual director, coach, therapist, or mentor.
On the scale, rank the support you garner from them.

1 2 3 4 5

I have a network of support I lean into regularly. (colleagues, friends, family)

1 2 3 4 5

What have been your personal joys and challenges?

What encouragement and support do you need from Bishop or synod staff?

How is your relationship to God?

Continuing Education

Question boxes hold up to 300 characters

What continuing education did you participate in 2024?

What was helpful in these events?

Have you participated in any of the Synod's LiVE events? If yes, please name which ones you have attended.

What would you be interested in learning that would encourage/support you in your ministry?

Questions about your Call

Where is your Call located: _____

What is your job title: _____

Do you have a sabbatical policy? YES NO

Did you have a sabbatical in 2024? YES NO

Are you involved in a degree program? YES NO

If YES, What degree program and where? _____

I am satisfied in my current call. YES NO

Do you wish to discuss the possibility of a change of call? YES NO

If so, is your request urgent? YES NO

Continuing Education Hours:

Contact hours were: _____ (One hour equals 50 minutes of class time or the equivalent.)

Dollars expended: Personally _____ Congregation/Workplace _____ Scholarship dollars received. _____

Compensation

Please provide the information requested below regarding housing and benefits received from your employer during the past year. This information is useful to the bishop in understanding levels of compensation and benefits across the synod.

Compensation:		Your call is: Full-Time Part-Time	
Housing Provided (in 2024):	YES NO	If part-time, what percent? _____ %	
Housing Provided (in 2025):	YES NO		
Benefits were:		Portico Benefit Services (check all that apply)	
Paid Vacation: Weeks	Sundays	Member	Spouse Children Coverage Waived
ELCA Pension:	10% 11% 12%+	Medical Deductible paid by employer: _____	

If pension and/or other benefits are provided by other than or beyond those offered by Portico Benefit Services, please list names of carriers and coverage:

Compensation – Guidelines

Did you and your council do the synod provided guidelines worksheet this year? YES NO

In your Specialized Ministry are you receiving guidelines according to the worksheet? BELOW SAME ABOVE

Do you have feedback for the Guidelines worksheet?