



Please download and save file to your computer before filling out this form.  
 Email to [office@lutheransnw.org](mailto: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.*

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

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?