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 Email to [office@lutheransnw.org](mailto:office@lutheransnw.org) when finished!

Date of Ordination: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Word and: \_\_\_\_\_  
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 this year?

What was helpful in these events? What was not?

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 in your ministry?

**Questions about your Call**

Where is your Call located: \_\_\_\_\_

What is your job title: \_\_\_\_\_

Did you have a Sabbatical in 2024? YES NO

Was a sabbatical or extended study leave provided? 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?

## Congregational Vitality

**Congregation in this context means: congregation or pastoral setting you serve.**

Question boxes hold up to 300 characters.  
1 is low and 5 is high

Please rate the vitality of your congregation:

1                      2                      3                      4                      5

Share a story of how is the life and spirit (vitality) in your congregation today?

Please rate the sustainability of your congregation:

1                      2                      3                      4                      5

Share a story on how your congregation has achieved its level of sustainability.

What would you be interested in learning that can encourage/support the congregation's vitality and sustainability?

What have been the congregation's joys and challenges?

What have been your ministry joys and challenges?

Is there anything you desire to share with the Bishop regarding your congregation?

## Partnerships and Collaborations

Question boxes hold up to 300 characters.

What collaborations are you currently involved in?  
(include other ELCA congregations, community, ecumenical and interfaith, etc.)

What new ways is the congregation involved in the community/neighborhood?

How is your congregation using your building for the congregation's ministry, collaboration, and the greater community?

As you look forward to the next five years, what is needed to better serve, engage, collaborate with ministry partners and in the community?

Are you currently looking at selling any of the congregation's property?      YES      NO

If so, what are you considering? How are you working in partnership with the synod or other ministry partners?

Does the congregation own a parsonage? Is it used as a parsonage or is it used for some other purpose, please explain.

What does your congregation use to organize your church records? Do you have a physical record book (red book \*required)?

Is your congregation's constitution up to date as of the 2022 Model Constitution?      YES      NO

Does the Synod have a copy of your constitution?      YES      NO