### **ROSTERED MINISTER'S REPORT – 2025**



F	Please download and save file to Email to <u>office@lut</u>	your computer befo <u>heransnw.org</u> when		
Date of Ordination:	Birthdate: MM/DD/YYYY	MM/DD/YYYY	Word and:	
LAST NAI	ME	FIRST NAME	PREFERRED	NAME
Pronouns:				
This is how you v	vould like the Bishop's Office	e to contact you:		
Preferred Email:				
Alternate Email:				
Preferred Phone:				
Mailing Address:			_	
City:	State: Zip (	Code:	_	
🗆 Mailing	g Address same as Physical Addr	ess		
Physical Address:			_	
City:	State: Zip 0	Code:	_	
	ulpit Supply? YES I	NO 		
ame and location of con	gregation of which you are a me	ember:		
Church Name		Church Location		
applicable, how would	you like to receive your Anniver	sary Certificate?		
Synod Office	Bishop's Convocation	Synod Assembly	Retirement Lunch	Mailing
If married:	You	r Family		
	ouse:	— Date of Marria	age:	
			MM/DD/YYYY	
Did you have a chang	ge of marital status last year?	YES	NO	
Did you add any dep	endents in the last year?			
		Name, Relation,	Date of Birth	

Information on this form may be shared with other synod staff persons at the bishop's discretion.



## Health & Wellness

#### 1 is low and 5 is high

I conside	r myself physic	ally, emotionally	and spiritually h	nealthy.
o 1	o 2	о З	o 4	o 5
I have one or more On t		ing: spiritual dire the support you		• •
o 1	o 2	о З	o 4	o 5
I have a networ	k of support I I	ean into regularl	y. (colleagues, fi	riends, family)
o 1	o 2	o 3	o 4	o 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?

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# **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 c	lass time or th	ne equivalent.)
Dollars expended: Personally Congregation/Workp	lace	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			
			Portico Benefit Services (check all that apply)		
Benefits were:			Member Spouse Children Coverage Waived		
Paid Vacation: Weeks Sundays		/S	Weinbei Spouse Children Coverage Walved		
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?			



## **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?

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# 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?YESNOIf 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 th	e 2022 Model	Constitution?	YES	NO	
Does the Synod have a copy of your constitution?	YES	NO			