



NOMINEE'S BIOGRAPHICAL FORM

For positions to be elected at the 2023 LCMS Convention

Electronic Auto-Fill Form available at: www.lcms.org/convention/2023-nominee-bio-form

Nominee ID

Form #

CONGRATULATIONS! YOU HAVE BEEN NOMINATED to be considered for candidacy for the below-indicated office(s), board(s), or commission(s) of the Synod. The Committee for Convention Nominations requests your prompt response to the following.

Date: _____

TO: _____

DISTRICT: _____

I AM A(N): ☐ Ordained Minister (Ord.) ☐ Commissioned Minister (Com.) ☐ Lay Member of LCMS Congregation

RESIDING IN REGION: ☐ Central (CEN) ☐ East-Southeast (ESE) ☐ Great Lakes (GL) ☐ Great Plains (GP) ☐ West-Southwest (WSW)

NOMINATED FOR THE POSITION(S): Officer: ☐ Secretary of the Synod Commission: ☐ Theology and Church Relations

Boards: ☐ LCMS Board of Directors ☐ Concordia Historical Institute ☐ Concordia Publishing House
☐ LCMS Church Extension Fund ☐ LCMS Foundation ☐ Concordia University System
☐ Board for National Mission ☐ Board for International Mission

Boards of Regent—Colleges/Universities: ☐ Austin (Texas) ☐ Irvine ☐ Mequon (Wisconsin) / Ann Arbor

☐ River Forest (Chicago) ☐ St. Paul ☐ Seward (Nebraska) —Seminaries: ☐ Fort Wayne ☐ St. Louis

Please consider the "Note to nominees" at www.lcms.org/convention/2022-nominee-info and check one of the following:

- ☐ I AM WILLING to be considered for ALL of the above marked position(s). *Please complete*
☐ I AM WILLING to be considered for ONLY position(s) I've not unchecked (electronically) or struck (on paper). *entire form.*
☐ I AM NOT WILLING to be considered for ANY of the above marked position(s). *You need only sign and date the reverse.*

YOUR NAME AND RESIDENTIAL INFORMATION

Full Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone(s): _____

E-mail: _____

Years you have been a member of an LCMS congregation: _____

YOUR OCCUPATION OR PROFESSION

Position: _____

Organization: _____

Other: _____

YOUR CONGREGATION AND CIRCUIT INFORMATION

Congregation Name: _____

City: _____ State: _____ ZIP: _____

Pastor's Full Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-mail: _____

Circuit Visitor's Full Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-mail: _____

YOUR EDUCATIONAL/TRAINING BACKGROUND: ☐ High School ☐ College/University ☐ Advanced Academic Degree ☐ Seminary

Degrees / recognition: _____

AREAS OF INTEREST FOR FUTURE SERVICE TO SYNOD:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Constitutional Matters | <input type="checkbox"/> National Mission | <input type="checkbox"/> Pastoral Education | <input type="checkbox"/> Stewardship |
| <input type="checkbox"/> Doctrinal Review | <input type="checkbox"/> International Mission | <input type="checkbox"/> LCMS Foundation | <input type="checkbox"/> Evangelism |
| <input type="checkbox"/> Theology and Church Relations | <input type="checkbox"/> Historical Institute | <input type="checkbox"/> Lutheran Church Extension Fund | <input type="checkbox"/> School Ministry |
| <input type="checkbox"/> Black Ministry | <input type="checkbox"/> Concordia Publishing House | <input type="checkbox"/> Concordia Plan Services | <input type="checkbox"/> Youth Ministry |
| <input type="checkbox"/> Communications | <input type="checkbox"/> University Education | <input type="checkbox"/> LCMS Board of Directors | <input type="checkbox"/> Handbook |

NOMINEE NAME _____ ID #: _____

YOUR RELEVANT EXPERIENCE (Please include dates, if possible)

SYNOD

DISTRICT

CONGREGATIONAL

OCCUPATION, COMMUNITY and OTHER

TO BE CONSIDERED FOR CUS BOD/CUS BOR POSITIONS: Which two (2) or more of the following qualifications do you believe you possess that would qualify you to serve on the CUS Board of Directors or a college or university board of regents?

Check as many as you believe you possess:

☐ theological acumen ☐ an advanced academic degree

experience in: ☐ higher education administration ☐ administration of complex organizations ☐ finance ☐ law

☐ investments ☐ technology ☐ human resources ☐ facilities management ☐ fund development

How and to what extent have you demonstrated familiarity and support of the colleges and universities of the Concordia University System? With which institution(s) and region(s) are you most familiar?

How have you demonstrated familiarity with and support for the doctrinal positions of the Synod?

List separately two (2) or three (3) of the above qualifications you have marked, with supporting information for each:

OTHER RELEVANT REFERENCES (For evaluation and sources of information—please provide complete contact information)

Full Name: _____

Full Name: _____

Mailing Address: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

City: _____ State: _____ ZIP: _____

E-mail: _____

E-mail: _____

Phone(s): _____

Phone(s): _____

YOUR SIGNATURE AND DATE (see submission instructions in the box on the front side of the form): Date Stamp:

Signature: _____

Date: _____