



## INCUMBENT'S BIOGRAPHICAL FORM

For positions to be elected at the 2023 LCMS Convention

Electronic Auto-Fill Form available at: [www.lcms.org/convention/2023-incumbent-bio-form](http://www.lcms.org/convention/2023-incumbent-bio-form)

Nominee ID

Form #

**AS A CURRENT OFFICER, BOARD, OR COMMISSION MEMBER, YOUR NAME WILL BE CONSIDERED as a nominee for candidacy for the position noted below (Bylaw 3.12.3.4 [d]).**

Date:

TO:

DISTRICT: \_\_\_\_\_

SERVING AS 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)

IN THE POSITION:

Please consider the "Note to nominees" at [www.lcms.org/convention/2023-nominee-info](http://www.lcms.org/convention/2023-nominee-info) and check one of the following:

☐ I AM WILLING to be considered for the above position.

Please complete entire form.

☐ I AM NOT WILLING to be considered for the above position.

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:

☐ Constitutional Matters

☐ Doctrinal Review

☐ Theology and Church Relations

☐ Black Ministry

☐ Communications

☐ National Mission

☐ International Mission

☐ Historical Institute

☐ Concordia Publishing House

☐ University Education

☐ Pastoral Education

☐ LCMS Foundation

☐ Lutheran Church Extension Fund

☐ Concordia Plan Services

☐ LCMS Board of Directors

☐ Stewardship

☐ Evangelism

☐ School Ministry

☐ Youth Ministry

☐ Handbook

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How does your service this term lead you to offer yourself for consideration for another term?

INCUMBENT 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: \_\_\_\_\_