



ROSTERED MINISTER'S REPORT - 2024

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

Current Date: _____ Date of Ordination: _____ Word and: _____
MM/DD/YYYY MM/DD/YYYY

LAST NAME FIRST NAME PREFERRED NAME

Pronouns: _____ Birth date: _____

This is how you would like the Bishop's Office to contact you:

Mailing Address: _____
City: _____ State: _____ Zip Code: _____ Country: _____

Mailing Address same as Physical Address

Physical Address: _____
City: _____ State: _____ Zip Code: _____ Country: _____

Preferred Business Email: _____

Alternate Email: _____

Preferred Phone: _____

Workplace: _____ Date you started: _____
MM/DD/YYYY

Job Title: _____ Date of Retirement: _____
MM/DD/YYYY

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

Your Family

If married:

Full Name of Spouse: _____ Date of Marriage: _____
MM/DD/YYYY

Did you have a change of marital status last year? _____

Children living with you:	Full Name	Relationship	Date of Birth
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Congregational Vitality

Congregation in this context means: congregation or workplace you serve or attend.

Question boxes hold up to 300 characters.

How would you rate the vitality of your congregation.

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Share a vignette that indicates the congregation's vitality?

How would you rate the sustainability of your congregation.

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Share how sustainability is being achieved?

What are the central challenges of the congregation?

If your congregation closed today, what would the neighborhood miss about you?

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

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

Community Engagement

What partnerships have you made in the community?

(include other ELCA congregations, community, ecumenical and interfaith, etc.)

As you look forward to the next five years, what is needed to better serve/engage the community?

How is the congregation involved in the community/neighborhood? What difference does this make for the congregation?

Continuing Education

Contact hours were: _____ (One hour equals 50 minutes of class time or the equivalent.)

Dollars expended: Personally _____ Congregation/Workplace _____ Scholarship dollars received. _____

Does your employer have a sabbatical policy?	Yes	No
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Was a sabbatical or extended study leave provided?	Yes	No
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Are you involved in a degree program?	Yes	No
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What continuing education did you participate in this year? What was helpful in these events?
What was not?

What would you be interested in learning that would encourage/support in your ministry?

What have been your ministry joys and challenges?

Health & Wellness

1 is low and 5 is high

I consider myself physically, emotionally and spiritually healthy.

o 1 o 2 o 3 o 4 o 5

I am satisfied in my current call.

01 02 03 04 05

I have one or more of the following: spiritual director, coach, therapist, or mentor. YES NO

On the scale, rank the support you garner from them.

o 1 o 2 o 3 o 4 o 5

I have a network of support I lean into regularly. (colleagues, friends, family)

01 02 03 04 05

What have been your personal joys and challenges?

What encouragement and support do you need from Bishop or synod staff?

Do you wish to discuss the possibility of a change of call? ☐ Yes ☐ No If so, is your request urgent? ☐ Yes ☐ No

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.

<u>Compensation:</u> Housing Provided (last year): YES NO Housing Provided (this year): YES NO				<u>Your call is:</u> Full-Time Part-Time If part-time, what percent? _____%			
<u>Benefits were:</u> Paid Vacation: Weeks Sundays ELCA Pension: 10% 11% 12%+				<u>Portico Benefit Services</u> (check all that apply) Member Spouse Children Coverage Waived 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:							
<u>Compensation – Guidelines</u> Did you and your council do the synod provided worksheet this year? YES NO Are you receiving guidelines according to the worksheet? YES NO Do you have feedback for the worksheet?							