



## SALM'S REPORT- 2024

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

Current Date: \_\_\_\_\_  
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

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. \_\_\_\_\_

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.

☐ 1                      ☐ 2                      ☐ 3                      ☐ 4                      ☐ 5

I am satisfied in my current call.

☐ 1                      ☐ 2                      ☐ 3                      ☐ 4                      ☐ 5

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.

☐ 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?