



Please download and save file to your computer before filling out this form.
Email to office@lutheransnw.org when finished!

Date of Ordination: _____
MM/DD/YYYY

Birthdate: _____
MM/DD/YYYY

Pastor

Deacon

SALM

LAST NAME _____

FIRST NAME _____

PREFERRED NAME _____

Pronouns: _____

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

Preferred Email: _____

Alternate Email: _____

Preferred Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address same as Physical Address

Physical Address: _____

City: _____ State: _____ Zip Code: _____

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 _____

If applicable, how would you like to receive your Anniversary Certificate?

Synod Office

Synod Hosted Event (i.e. Synod Assembly)

Mailing

Your Family

If married:

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

Did you have a change of marital status last year? YES NO

Did you add any dependents in the last year? _____

Name, Relation, Date of Birth



Health & Wellness

1 is low and 5 is high

I consider myself physically, emotionally and spiritually healthy.

1

2

3

4

5

I have one or more of the following: spiritual director, coach, therapist, or mentor.

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?

How is your relationship to God?

Continuing Education

Question boxes hold up to 300 characters

What continuing education did you participate in 2025?

What was helpful in these events?

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 you in your ministry?



Questions about your Call

Where are you called: _____

What is your job title: _____

Do you have a sabbatical policy? YES NO

Did you have a sabbatical in 2025? YES NO

Are you involved in a degree program? YES NO

If YES, What degree program and where? _____

Did you change from full time to part-time in 2025? YES NO

Are you concerned about your call changing from full time to part-time in the next two years? YES NO

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 class time or the equivalent.)

Dollars expended: Personally _____ Congregation/Workplace _____ 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 2025):	YES	NO	If part-time, what percent? _____ %		
Housing Provided (in 2026):	YES	NO	Portico Benefit Services (check all that apply)		
Benefits were:		Member	Spouse	Children	Coverage Waived
Paid Vacation: Weeks	Sundays		Medical Deductible paid by employer: _____		
ELCA Pension:	10%	11%	12%+		

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
Are you receiving guidelines according to the worksheet?				BELOW	SAME ABOVE
Do you have feedback for the Guidelines worksheet?					