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 Email to [office@lutheransnw.org](mailto:office@lutheransnw.org) when finished!

Date of Ordination: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Pastor Deacon SALM  
MM/DD/YYYY MM/DD/YYYY

\_\_\_\_\_  
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:**

Housing Provided (in 2025): YES NO

Housing Provided (in 2026): YES NO

**Your call is:** Full-Time Part-Time

If part-time, what percent? \_\_\_\_\_ %

### **Benefits were:**

Paid Vacation: Weeks Sundays

ELCA Pension: 10% 11% 12%+

### **Portico Benefit Services** (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:

### **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?