



REPORT FOR ASSOCIATE IN MINISTRY, DEACONESS, OR DIACONAL MINISTER NOT UNDER CALL

Information on this form may be shared with other synod staff persons during the mobility process.

Date: _____ Synod: _____

Last Name: _____ First Name: _____

Social Security Number: _____ Date of Commissioning or Consecration: _____
Last 4 Digits Only

Home Mailing Address: _____		
City: _____	State: _____	Zip Code: _____ Country: _____
Phone: _____		Email: _____
Work Mailing Address: _____		
City: _____	State: _____	Zip Code: _____ Country: _____
Phone: _____		Fax: _____ Email: _____
Preferred Mailing Address:	Work	Home:
Name of Spouse: _____		Date of Marriage: _____ (mm/dd/yyyy)
Dependents (Full Name)	Relationship	Date of Birth (mm/dd/yyyy)
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Name and location of congregation of which you are a member:

_____ Congregation _____ City _____ State

In what congregational activities did you participate last year?

2. As you reflect upon the past year, what were the most significant developments, events, or accomplishments in your life?

3. Note any concerns or issues you desire to share with your synodical bishop.