



## SYNOD BISHOP REFERENCE FORM

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Bishop's Name: \_\_\_\_\_ Synod/Region: \_\_\_\_\_

Candidate: \_\_\_\_\_

I have reviewed the file of \_\_\_\_\_ and can respond to the following questions.  
NAME OF THE CANDIDATE

1. Are there any circumstances that eliminate this person from consideration, such as passive aggressive behavior, negativity, etc.? (Please explain)

2. Are there any known sexual/financial/substance abuse considerations? (Please explain)

**In consultation with the Director for Evangelical Mission (DEM), this candidate is recommended for consideration in Mission Development and Re-Development ministry through the Domestic Mission Unit.**

Bishop's Signature: \_\_\_\_\_ DATE: MM/DD/YYYY

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**EMAIL THIS FORM TO**

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Domestic Mission  
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