

CANDIDATE IDENTITY FORM
Upper Susquehanna Synod, ELCA

Candidate: Please complete this form and return it by email to brenda@uss-elca.org.

THIS IS A FILLABLE FORM.

Position for which you are a candidate:

*[drop-down: synod council, consultation committee,
committee on discipline, synod assembly]*

Check here if this is for ☐ Youth ☐ Young Adult ☐ Rostered ☐ Lay

NAME: _____ **PHONE:** _____

ADDRESS: _____ ☐ Mobile ☐ Home ☐ Work

City, State, Zip **E-MAIL:** _____

HOME CONGREGATION: _____
(Name of congregation & Location)

CONFERENCE: *[could be drop-down list]* _____

CHURCH LEADERSHIP (E.g., council/committee membership, leadership in congregation, etc.)

COMMUNITY LEADERSHIP (E.g., scouting, boards, neighborhood activities, etc.)

CURRENT POSITION/EMPLOYMENT:

PAST EMPLOYMENT:

Submission of this form indicates agreement to serve if elected.

DATE: _____ **NAME** _____

Upper Susquehanna Synod, ELCA, P. O. Box 36, Lewisburg, PA 17837