



**PLEASE SAVE A COPY OF THIS FORM TO YOUR DESKTOP, OPEN THE SAVED COPY, FILL IT OUT, SAVE IT ONCE MORE, AND EMAIL THE SAVED COPY TO THE BISHOP. THANK YOU**

**SAINT PAUL AREA SYNOD 2017 REPORT FOR MINISTER OF WORD & SERVICE  
NOT UNDER CALL**

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

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Ordination: _____		Date of Birth: _____	
<b>Home mailing address:</b> _____			
City: _____	State: _____	Zip Code: _____	Country: _____
Home Phone: _____	Cell Phone: _____	Email: _____	
Preferred Phone:	Home	Cell	
Full name of spouse: _____		Date of marriage: _____	
Children: Full Name	Relationship	Date of Birth	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Name and location of congregation of which you are a member: \_\_\_\_\_

1. Looking back at 2016, what provided vitality for you in your vocation as a minister of Word and Service?

2. What were 1 or 2 of the greatest challenges you faced?

