



Evangelical Lutheran Church in Canada

Confidential Mobility Form for Synod Bishops

Complete this form and send to the synod office. This form is confidential to Synodical Bishops.

Bishop's signature
or Designated Assistant

Date

Name of Bishop or Designated Assistant whose signature appears above

Synod

THIS FORM IS NOT TO BE DISTRIBUTED TO CALL/SEARCH COMMITTEES

Personal Information

Date Submitted:

Name:

Last Name

First Name

Middle Name

Middle Initial

Suffix

Address:

City:

Prov:

Postal Code:

Home Phone:

Home email:

Work Phone:

Work email:

Preferred Contact Phone Number: Home Work

Preferred Contact email address: Home Work

Synod:

Date of Ordination:

2. Mobility

Roster:	Ordained	
	Diaconal	

Roster Status:	Active	
	On Leave From Call	
	Retired	
	Other	

Your need to move is:	Critical	
	Urgent	
	Desirable	

2b. Mobility continued

Reason you are available for call/appointment at this time, check those that apply.

(Occupational, Organizational, Personal)

Term Call Completed		Completed Work	
Return form Overseas		Mismatch	
Leaving Military		Resigned	
Leaving Secular		On Leave	
Restructuring Staff		Spouse Relocation	
Parish Realignment		Marital Change	
Conflict with Parish/Staff		Completed Education	
Other:		Medical Needs	
Specify			

3. Preferences and Restrictions:

3.a I request that this information be distributed to the following synods:

Synod	
Synod	
Synod	
Synod	
Synod	

3.b What personal or family conditions or situations affect your preference for/or restriction against a particular location?

3.c What vocation factors will effect your consideration for a new position? (Solo or staff, size of congregation or community, full or part-time, cross cultural community, salary, and housing, etc.)

4. Present Service: _____

4.a Beginning date of service in present call: _____

4.b Statistics and faithfulness are not automatically related, but facts assist in examining a ministry. **For those who have not served a congregation, omit this section:

Category	Now	3 Years Ago	5 Years Ago
Baptized Membership			
Confirmed Membership			
Worship Attendance			
Church School Attendance			
Youth Group Attendance			
Current Expenses			
Synod/ELCIC Benevolence			
Designated Giving			
Debt Reduction			

4.c What factors have influenced any changes as indicated in the figures previously stated?

5. Have you ever been convicted of the following? If so, explain.

Sexual misconduct	
Criminal offence	
Sexual harassment	
Teaching, preaching or activities that contradict the stated faith and purpose of the ELCIC	

6. Have you submitted to your synod bishop a signed acknowledgement form for the ELCIC Sexual Abuse or Harassment Policy?

Yes	
No (Explain)	

7. Health and Dental and Professional Expense Reimbursement:

Amount of Base Salary:	\$		
Housing Allowance:	\$	or Parsonage Provided:	\$
ELCIC Pension:	\$	or Medical and Dental:	\$
Continuing Education Allowance	\$	or Book Allowance	\$
Travel Allowance:	\$		
Other:	\$	Other:	\$
Vacation:	weeks		

7.b Please indicate a salary range preference (including housing) for your next call:

Minimum:	\$
Desired:	\$

8. Additional information that would assist a bishop in recommending you:

The information contained in this Confidential Mobility Form is correct and accurate to the best of my knowledge. If there are any significant changes I will promptly update this form.

I authorize any references, supervisors, ELCIC agencies, or any other person or organization, to give the congregation/agency any information (including opinions) regarding my character and fitness for ministry. I also release any individual, employer, congregation, ELCIC agency or official, reference, or any other person or organization providing information, from any and all liability for damages of whatever kind or nature which may exist at any time on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.

I am willing to provide references from within my current congregation or other professional context as requested.

A facsimile or photocopy of this authorization shall be valid as the original.

Signature _____

Date