

Request for the Formation of a New Southeastern Synod Committee / Task Force

Person/group making proposal: _____

Contact person's e-mail address: _____

Contact person's phone number: _____

Proposed name for new group: _____

Which one of the following statements is most applicable to the proposed new group?

_____ The new group is recommended for a specific project, that will probably be completed within the following time period: _____.

_____ The new group is recommended for ongoing responsibilities that have no anticipated ending date.

Proposed primary responsibilities for the new group *(attach additional pages if needed)*:

Estimated funding needed by new group during current fiscal year: \$ _____

Proposed number of members for new group: _____

If new group is proposed for multi-year existence:

Proposed length of one term of service: _____ *(2 years is often used)*

Maximum consecutive terms proposed: _____ *(Cannot be more than 3)*

PLEASE NOTE: *Synod constitutional provision S8.12.i7 specifies that the synod bishop shall be a member of all synod committees and other organizational units. At the bishop's discretion, other synod staff members may be assigned as staff liaisons to approved committees and task forces. The extent of involvement by the bishop and synod staff in the work of each group will vary, depending on scheduling and resource considerations.*

Potential Members for Proposed Committee / Task Force. It is the Synod Council's responsibility to elect members to synod-level committees and task forces. In most cases, at least 60 percent of each group's membership shall be lay persons. Any names suggested below will be provided to the Council for its consideration. However, the final decision about committee / task force membership will be made by the Synod Council.

Please provide the following information for all persons suggested as potential members for the proposed new committee / task force. Make sure that each person listed is willing to serve if elected.

1. Name: _____

E-mail address: _____

Congregational membership: _____

Circle all that apply: Male Female Clergy Lay Person of Color < Age 31

Primary Language Other than English: _____

Qualifications Related to this Committee / Task Force: _____

2. Name: _____

E-mail address: _____

Congregational membership: _____

Circle all that apply: Male Female Clergy Lay Person of Color < Age 31

Primary Language Other than English: _____

Qualifications Related to this Committee / Task Force: _____

3. Name: _____

E-mail address: _____

Congregational membership: _____

Circle all that apply: Male Female Clergy Lay Person of Color < Age 31

Primary Language Other than English: _____

Qualifications Related to this Committee / Task Force: _____

4. Name: _____
E-mail address: _____
Congregational membership: _____
Circle all that apply: Male Female Clergy Lay Person of Color < Age 31
Primary Language Other than English: _____
Qualifications Related to this Committee / Task Force: _____

5. Name: _____
E-mail address: _____
Congregational membership: _____
Circle all that apply: Male Female Clergy Lay Person of Color < Age 31
Primary Language Other than English: _____
Qualifications Related to this Committee / Task Force: _____

6. Name: _____
E-mail address: _____
Congregational membership: _____
Circle all that apply: Male Female Clergy Lay Person of Color < Age 31
Primary Language Other than English: _____
Qualifications Related to this Committee / Task Force: _____

**Mail completed forms to: Synod Council Liaison, ELCA-Southeastern Synod, PO
Box 400, Decatur, GA 30031. Forms may also be faxed to 404-521-1980 or
scanned and e-mailed to synod.office@elca-ses.org.**