



Indiana-Kentucky Synod
Evangelical Lutheran Church in America
God's work. Our hands.

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REPORT FOR A ROSTERED MINISTER UNDER CALL FROM A CONGREGATION

Only the Bishop reviews these reports and will consult with you before sharing their contents to decide if sharing is appropriate. This demonstrates the value of our relationship and our dedication to supporting you in your ministry.

Personal Information:

First Name: _____ Last Name: _____
Date: _____ Ordination Date: _____
Phone/Cell number: _____ Email: _____

These questions encourage you to share a picture of your life both inside and outside of ministry. You'll be asked about the people and communities that support you, how you experience daily life and balance, and where you turn during difficult times. You'll also reflect on your current ministry setting, what has been life-giving or challenging in this season, and how you envision a healthy, collaborative relationship with the Bishop and the Synod.

1. Who are the important people, pets, or communities you spend time with outside of your ministry role?
2. What does your daily life look like outside of ministry, including family, friendships, hobbies, pets, and community involvement?
3. How do your relationships and activities outside of ministry support or influence your ministry work?

4. How do you find balance between ministry and your personal life, and are there supports you wish you had?

5. Who do you turn to in times of personal difficulty or emergency?

Name of Congregation/Ministry Called to: (If more than one, please provide the address of one setting as primary for this report and list any others, shared or otherwise, below)

Congregation/Ministry (primary): _____

Primary Work Mailing Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Work Email: _____

Additional Congregations/Ministries called to, shared or otherwise:

1. _____
2. _____

Congregational Contacts for 2026; please list all leaders if this is a shared ministry:

- Congregation Administrator: _____, Email: _____;
- Council/Board President: _____, Email: _____;
- Council Vice President: _____, Email: _____;
- Council Treasurer: _____, Email: _____;
- Council Secretary: _____, Email: _____;

1. What specific personal or professional challenges have you faced this year, and how could the Bishop support you?

1. Your call? **Full-time** ____ **Part-time** ____; if part-time, what percentage? ____%
2. Cash Salary? **YES** ____ **NO** ____
3. Housing? **YES** ____ **NO** ____
4. Parsonage? **YES** ____ **NO** ____
5. Social Security Allowance? **YES** ____ **NO** ____
6. Pension? **YES** ____ **NO** ____; Percentage? ____%
7. Other Reimbursements (Travel, Car)? **YES** ____ **NO** ____
8. Continuing Education? **YES** ____ **NO** ____; How many days? ____
9. Paid Vacation? **YES** ____ **NO** ____; How many weeks? ____ How many Sundays? ____
10. Medical/Dental Coverage? **YES** ____ **NO** ____
 - a. **Member** ____ **Spouse** ____ **Children** ____ **Coverage Waived** ____

*****Follow-Up and Timing:** To help the Bishop respond in a timely and appropriate way, please indicate the following:

1. Would you like to schedule a one-on-one conversation with the Bishop (phone, Zoom, or in person)?
YES ____ NO ____
2. Is this urgent and needs attention within a week of receipt? YES ____ NO ____
3. If not urgent, when would you hope for a follow-up?
 - a. Within 30 days? YES ____ NO ____
 - b. Within one to three months? YES ____ NO ____

Thank you for taking the time to share. Your reflections are a gift to the Bishop and to the life of our synod.

EXTRA SPACE IF NEEDED - PLEASE REFERENCE QUESTION NUMBER