

PLEASE DOWNLOAD THIS FORM AND SAVE AS
FirstNameLastName_MinistryReport2026

2026 SAINT PAUL AREA SYNOD REPORT FOR ROSTERED MINISTER
UNDER CALL FROM A CONGREGATION

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

I am a: ☐ Pastor ☐ Deacon

Full name: _____ Date: _____

Info below is same as last year (if checked, skip the following section): ☐

Date of Ordination/Consecration: _____ Date of Birth: _____

Home mailing address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Work mailing address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Work Phone: _____ Work Email: _____

Preferred Mailing Address: ☐ Home ☐ Work

Preferred Email: ☐ Home ☐ Work

Preferred Phone: ☐ Home ☐ Cell ☐ Work

Full name of spouse: _____ Date of marriage: _____

Children: Full Name

Relationship

Date of Birth

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you wish to discuss the possibility of change of call? ☐ Yes ☐ No

If so, if your request urgent? ☐ Yes ☐ No

1.) Where have you experienced God's grace this past year?

2.) The church is called to be an agent of God's reconciliation in Jesus Christ. (2 Corinthians 5:18-19). What step(s) have you taken to address the polarization that divides our communities?

3.) What wisdom do you have for the next bishop of the Saint Paul Area Synod?

4.) Does your ministry site have a child and vulnerable adult safety policy? If not, what are your plans for creating one in 2026?

Adequate compensation for rostered ministers matters to us in the Saint Paul Area Synod. Recommended guidelines for compensation are revised each year and are posted on the synod's website. Health care and contributions to a pension for rostered ministers and their families is a significant aspect of overall compensation, which is set by the calling congregation, agency or institution.

In comparison to the previous year, is your compensation for 2026:

- ☐ Increased
☐ Flat
☐ Reduced

Does your workplace provide any of the following:

- ☐ Social Security Allowance?
☐ Additional pension contribution (beyond recommended 10%)
☐ Contribution to a health savings or health spending account

What health insurance plan does your employer provide?

(Listed are Portico's newly named options:

- ☐ Select Copay 2000 ☐ Select HDHP 2000 ☐ Value Copay 4000
☐ Value HDHP 4000 ☐ Other plan (please describe below)

Would you like a conversation with the bishop about your level of compensation or financial concerns you are facing?

- ☐ Yes ☐ No

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EMAIL YOUR COMPLETED FORM TO: patricia.lull@spas-elca.org

Please know that Bishop Lull will not read these until later this spring.

If you have an urgent concern, please contact the above email to set up a time to meet.