



Upstate New York Synod
Evangelical Lutheran Church in America
 God's work. Our hands.

Synod Representative Report on the Calling of a Pastor

Congregation_____

Location_____

Candidate's Name_____

Meeting Date_____ Number Attending_____

Exact Vote _____Yes
 _____No
 _____Abstention
 _____Invalid

1. What questions were raised?

2. How would you rate the climate among the voters?

1 2 3 4 5

Extremely-----Extremely
 Negative OK Positive

3. Is any follow-up or contact by synod staff necessary?

_____yes _____no

If yes:

Issues:

Person in congregation to contact:

Recommended staff person to make contact:

4. Any other comments? (use back if necessary)

Synod Representative:

Name _____

Date of Report _____

