

Roster Information Form

Congratulations on your new call!

Please complete the following information and return it to my attention at the synod office as soon as possible so that I can complete your roster records.

FULL NAME:
Called Position:
Full time or Part Time
Start date of current call:
Congregation/Organization:
Address:
City, State, Zip
Office Phone:
Office E-Mail:
Date of Ordination/Consecration/Commissioning:
Have you completed sexual boundaries training? YES ___ NO ___
If yes, indicate the training sponsor and date(s):
Home Address:
Home Phone:
Cell Phone:
Home E-Mail:
Birthdate:
Marital Status: Single Married
Spouse's Full Name:
Spouse's Profession:
Children's full names (If living with you):

Thanks so much for your help.

Kathy Neugent
Executive Assistant to the Bishop/Office Manager
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