



# Application for Synod Deacon Program

## Metropolitan Chicago Synod, ELCA

The Synod Deacon Program is for the coordination and support of those engaged in service as deacons in congregational ministry; to provide basic and uniform standards for preparation, education, and accountability; to offer opportunities for continuing education, collegiality and support; to encourage excellence in ministry; and to be a forum for mutual concerns and needs.

### Personal Information

NAME	<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>
	Last				First				Middle				M.I.
	<input type="text"/>		Suffix		<input type="text"/>		Title						
	Name at birth if different from current												
<input type="text"/>				<input type="text"/>				<input type="text"/>					
Last				First				Middle					
Full Name <input type="text"/>													
Address: <input type="text"/>													
City: <input type="text"/>				State: <input type="text"/>		Zipcode: <input type="text"/>							
Phone: ( ) - <input type="text"/>			e-mail: <input type="text"/>										
Gender <input type="text"/>		Birthdate: <input type="text"/>		Birthplace: <input type="text"/>									
Baptism <input type="text"/>		<input type="text"/>				<input type="text"/>							
Date		Congregation				Location							
Social Security Number <input type="text"/>		Marital Status: <input type="text"/>		Citizenship: <input type="text"/>									
Are you legally entitled to work in the United States? Yes <input type="radio"/> No <input type="radio"/>													
Native Language: <input type="text"/>				Ethnic Origin <input type="text"/>									
Other languages													
<input type="text"/>				<input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Conversation <input type="checkbox"/> Translate									
<input type="text"/>				<input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Conversation <input type="checkbox"/> Translate									
<input type="text"/>				<input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Conversation <input type="checkbox"/> Translate									

### ELCA Congregational Membership

Congregation Name <input type="text"/>				Congregation Number <input type="text"/>			
<input type="text"/>				<input type="text"/>		Member Since <input type="text"/>	
City				State		Zipcode	
<input type="text"/>				<input type="text"/>			
Pastor				Synod			

**Family Information (if applicable)**

Last name at birth if different from current

Spouse's Name:

Is your spouse rostered in the ELCA?  No  Yes If YES, please enter the last four digits of their Social Security Number.

Spouse's Birthdate:  //  Date of Marriage:  //  Profession:

Religious Affiliation:  Spouse Education:

Children:	Name	Date of Birth	Live with you?
<input type="text"/>	<input type="text"/>	<input type="text"/> // <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/> // <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/> // <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/> // <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/> // <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Previous Spouse(s):**

Name:      Name:

Ended by From Date To Date Ended by From Date To Date

**Spiritual Formation and Theological Education**

Program :  Coordinator

Sponsor

Dates attended: From  To

**Areas in which you have completed coursework.**

- New Testament
- Old Testament
- Church History
- Lutheran Creeds and Confessions
- Christian Doctrine
- Christian Worship
- Christian Ethics
- Visitation Ministry
- Practical Theology
- Preaching/Teaching Ministry
- World Religions
- Gospel Proclamation

**Congregational Service:** *(Please list most recent position first.)*

Cong.:  City:  State:

Phone: ( ) -  Position / Title:  From:  To:

Cong.:  City:  State:

Phone: ( ) -  Position / Title:  From:  To:

My current employment is:  Full-time  Part-time

**Wider church or community positions:** *(Please list most recent position first.)*

Institution:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>
Phone:	<input type="text"/> ( ) - <input type="text"/>	Position / Title:	<input type="text"/>	From:	<input type="text"/>
To:	<input type="text"/>				
Institution:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>
Phone:	<input type="text"/> ( ) - <input type="text"/>	Position / Title:	<input type="text"/>	From:	<input type="text"/>
To:	<input type="text"/>				
Institution:	<input type="text"/>	<input type="text"/>	State:	<input type="text"/>	
Phone:	<input type="text"/> ( ) - <input type="text"/>	Position / Title:	<input type="text"/>	From:	<input type="text"/>
To:	<input type="text"/>				
Institution:	<input type="text"/>	<input type="text"/>	State:	<input type="text"/>	
Phone:	<input type="text"/> ( ) - <input type="text"/>	Position / Title:	<input type="text"/>	From:	<input type="text"/>
To:	<input type="text"/>				
Institution:	<input type="text"/>	<input type="text"/>	State:	<input type="text"/>	
Phone:	<input type="text"/> ( ) - <input type="text"/>	Position / Title:	<input type="text"/>	From:	<input type="text"/>
To:	<input type="text"/>				

The biographical essay is an autobiographical reflection which should contain insights and understandings gained during the period of discernment leading to your decision to apply for the synod deacon program in the Metropolitan Chicago Synod, ELCA.

The essay is to be two pages in length, double-spaced, and photocopy ready. Please submit a copy of the essay with your completed application

1. Discuss the events, circumstances and persons in your life that have affected your faith and sense of call.
2. Describe your current life situation. Include your marriage and family situation; physical, spiritual, and emotional health.
3. Reflect on your personal journey of faith.
4. Reflect on your current understanding of the particular ministry to which you feel called within your congregation. Assess your strengths and weaknesses, gifts, convictions and concerns related to this ministry.

***I state that the above information is true and correct. I hereby apply for entrance into the process for the synod deacon Program in the Metropolitan Chicago Synod, ELCA***

\_\_\_\_\_  
Signature

Date of Application

# Entrance Information

## Synod Deacon Program

Candidate's Name    
First Name Last Name

Social Security Number

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**Out of care for the church every candidate answers these questions as part of the application form. The questions will be discussed with the Synod Deacon Program Committee**

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- No  Yes
- No  Yes
- No  Yes
- No  Yes
- No  Yes
- No  Yes
- No  Yes
- No  Yes
- No  Yes
- No  Yes
1. Do you have or have you had any health conditions (physical or psychological) that might interfere with your ability to serve as a synod deacon?
  2. Are there issues in your marriage or family situation that could adversely affect your ability to serve as synod deacon?
  3. Is your personal debt, excluding mortgage, greater than \$25,000?
  4. Have you ever defaulted on a loan or declared bankruptcy?
  5. Do you now engage or have you ever engaged in any addictive behavior, including drug or alcohol abuse or sexual or pornographic addictions?
  6. Have you ever been terminated or resigned from any employment or volunteer activities due to accusations of misconduct, whether financial, sexual, ethical, or other improper behavior?
  7. Have you ever engaged in, been accused of, charged with, or convicted of a crime or illegal conduct, including conduct resulting in suspension or revocation of your driver's license?
  8. Have you ever been engaged in, accused of, sued, or charged with sexual molestation, sexual harassment, child neglect or abuse, spousal neglect or abuse, or financial improprieties?
  9. Do you have any sexual attraction toward children or minors, or any history of sexually deviant behavior, including behavior with children or minors?
  10. Have you engaged in any behavior or been involved in any situations that, if they became known by the church, might seriously damage your ability to continue as a synod deacon?

**Entrance Information Questions for**

No  Yes 11. Is there additional information that would assist the committee in considering your application, or that you believe the committee should know?

Information related to

Information related to

Information related to

Information related to

\_\_\_\_\_  
*Signature of Applicant*

	//
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\_\_\_\_\_  
*Signature of Interviewer*

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\_\_\_\_\_  
*Signature of Interviewer*

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# Authorization and Release

*The Metropolitan Chicago Synod's Synod Deacon Program for individuals preparing for certification is a partnership among candidates, congregations, and the synod. The process requires that candidate information may be shared among these partners. Every applicant must give permission for the necessary exchange of information related to the process.*

I authorize any references, supervisors, ELCA agencies, congregations, or any other person or organization to give any information, including opinions, regarding my character and fitness for ministry to my synod Candidacy Committee of the Metropolitan Synod of Chicago.

I further authorize my congregation to release to Metropolitan Chicago Synod partners copies of any documents in my candidate file that are necessary to my candidacy process.

I also release any individual, employer, church, ELCA agency or official, reference, or any other person or organization providing information from any and all liability for damages of whatever kind or nature that may exist at any time on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.

A facsimile or photocopy of this authorization shall be as valid as the original.

_____	<input type="text" value="/ /"/>
Signature	Date
<input type="text"/>	

Click the buttons below to make this form ready for electronic transfer to the synod office.