



Metropolitan Chicago Synod, ELCA

Congregational Reference for Synod Deacon Program

Person Seeking Enrollment in Synod Deacon Program :

Name:

Congregation:

Name:

Address:

City:

State:

Zipcode:

Pastor:

Synod:

To the Congregation Council and Pastor,

You are asked to provide your understanding of the person named above who seeks enrollment in the synod's deacon program. This will be a part of the information which will assist the Synod Deacon Committee in its task of evaluation and support. Thank you for your time and effort in providing a candid evaluation of this applicant.

Congregational Membership:

Date of applicant's membership in your congregation:

Means:

Number of years as a member:

Please share a brief description of this person's participation in the life of your congregation including any specific areas of responsibility and service.

What is your assessment of this person's potential for leadership?

To your knowledge, are there any personal factors related to health and well-being that might be of concern if this person enters public ministry? Please be specific.

Describe any areas in which you believe this person might need specific guidance or nurture in order to pursue candidacy in the rostered ministry of the Evangelical Lutheran Church in America. Please be specific.

Council President
or Secretary:

signature

Date:

//

Pastor:

signature

Date:

//