

**METROPOLITAN CHICAGO SYNOD, ELCA**  
1420 W. Dickens Avenue  
Chicago, IL 60614-3004

**Request for Interim Ministry Call from Synod Council**

(after having been approved, recommended, and previously served as an interim pastor in a congregation)

---

Name:  Date:

Address:

Home Phone:  Work Phone:

Fax:  E-mail:

Having previously been approved and recommended by the Bishop's Advisory Group on Interim Ministry, and by the bishop, and having received the proper credentials for Interim Ministry in the Metropolitan Chicago Synod, ELCA, I am requesting a Synod Council call for

Congregation:

beginning start date

You may e-mail this form as an attachment to the synod office by pressing "Send form."