



19.

APPLICATION FOR REINSTATEMENT TO THE ROSTER

Roster to which you seek reinstatement: **Pastoral Ministry** **Diaconal Ministry**

Synod to which you are applying for reinstatement: _____

CONTACT INFORMATION

Name: _____
Last / First / Middle *Title* *(Last name at birth, if different)*

Address: _____
Street

City / Province / Postal Code

Phone Number(s): _____ E-mail: _____

POST-SECONDARY EDUCATION

	<i>Name of School/Location</i>	<i>Major subjects</i>	<i>Credits</i>	<i>Degree</i>	<i>Year Graduated</i>
College:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Graduate school:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Seminary:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Education:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have professional certification or licensure in any specialization? Yes No

Describe:

Fluent in language(s):

WORK HISTORY

Please list most recent position first, including any military service.

Position

Employer

Dates

<i>Position</i>	<i>Employer</i>	<i>Dates</i>

CHURCH SERVICE HISTORY AND REINSTATEMENT PREFERENCES

Date of Baptism: _____

Date of Ordination: _____

Date of Entry to Last Roster: _____ Specify Roster: _____
Month / Day / Year

Date Left Last Roster: _____ Specify Roster: _____
Month / Day / Year

Member of ELCIC (or predecessor church body) since: _____

Congregational Membership:

Congregation Name

City / Province / Postal Code

Pastor

ELCIC Synod

Denomination affiliation and regional unit if not ELCIC

Active member of congregation since: _____
Month / Year

SYNOD BISHOP WHILE IN MOST RECENT ROSTERED SERVICE

Name: _____

Address:

Phone: _____

Is there any reason why this person should NOT be contacted? Yes No

1. State the reasons for your removal from rostered ministry.

2. State the reasons for requesting reinstatement to the roster with special focus upon what has changed in your life (faith, attitudes, circumstances) since the time of your removal or resignation.

3. State why you seek to serve on the roster of the Evangelical Lutheran Church in Canada, including the theological rationale for service in this church.

I hereby apply for reinstatement to a roster of the Evangelical Lutheran Church in Canada.

Signature

Month / Day / Year

Return the completed original form to your Synod Office to the attention of the bishop.