



1.b

APPLICATION FOR REGISTRATION FOR ROSTERED MINISTRY CANDIDATES OF THE ELCIC

Date: _____

A. CONTACT INFORMATION

Full Name: _____

Address (number & street/city/province/ postal code):

Phone Number(s): _____

Email: _____

B. Church

Include Congregation Name and Denomination / Address / Date:

Baptized: _____

Confirmed: _____

Present church membership: _____

List your congregational activities during the last 10 years:

Have you previously applied for registration for rostered ministry or been registered with any other synod?

Yes No If yes, when and which synod? _____

C. EDUCATION (beginning with most recent)

Schools and locations	Major	Grade Average	Degree earned	Year awarded

Please arrange for a transcript from the last school attended to be sent to the Synod Office.

D. Work Experience

Job Title / Employer	Address	Employment dates (from — to)

E. Volunteer Activities

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F. Interests and Hobbies (Identify specific activities and the number of years you were involved.)

G. Occupational Preference

Check appropriate box: Pastoral ministry Diaconal ministry No preference at this time

H. Autobiographical Information

On a separate sheet of paper, write a brief description of your life. Include in your description an outline of the influences which led you to consider a career in the church.

I. References

- Form 1.c Present pastor
- Form 1.d Church Council of Home Congregation
- Form 1.e Non-Relative (preferably former employer or official of educational institution last attended)
- Form 1.f Consent to Release Confidential Information
- Form 1.g Statement from Physician
- A Criminal Record Check

Signature: _____

PLEASE RETURN TO:
(Synod Office address)