



Evangelical Lutheran Church in America

God's work. Our hands.

**APPLICATION FOR ECCLESIASTICAL ENDORSEMENT
MILITARY CHAPLAIN CANDIDATE**

APPLICATION INSTRUCTIONS

1. Please complete all questions. If a question does not apply in your case, enter "None" or "N/A".
2. A brief life sketch should accompany the application (type on the last page). It should include the following:
 - a. Important or unusual events in family or other setting in which the applicant was reared.
 - b. Experiences in youth which affected lifestyle and calling.
 - c. Reaction to seminary and other training.
 - d. A description of family relationships.
 - e. A description of ministry to date in terms of the applicant's concept of ministry.
 - f. Some projection of the way you see yourself ministering in a pluralistic and diverse setting.
 - g. Include a note of special interests or accomplishments.
3. Enclose two distinctively different recent prints of head and shoulders photographs with the application.
4. Email application materials as a PDF to Michael.Sonnenberg@ELCA.org

Please do not hesitate to call our office should you have any additional questions regarding this application or the chaplaincy at 202.626.3846

***NOTE* DATE THEN SIGN AFTER YOUR APPLICATION IS COMPLETED**

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusal of endorsement, or withdrawal of endorsement should I receive an endorsement.

APPLICANT'S SIGNATURE

DATE

I. APPLICANT INFORMATION					
FULL NAME <i>(First, Middle, Last)</i>		SSN <i>(Last 4 digits only)</i>		TODAY'S DATE	
ELCA LEADER NUMBER <i>(Your L-Number is assigned when completing candidacy or mobility paperwork online)</i>		BRANCH OF APPLICATION Air Force Army Navy		GENDER IDENTITY	
HOME ADDRESS STREET <i>(Include apartment or suite number)</i>		CITY	STATE	ZIP CODE	
PERSONAL EMAIL		HOME PHONE		CELL PHONE	
DATE OF BIRTH	PLACE OF BIRTH	UNITED STATES CITIZENSHIP Birth Naturalization		HEIGHT <i>(ft and in)</i>	WEIGHT <i>(In pounds)</i>
a. MARRIAGE AND SPOUSE OR PARTNER INFORMATION					
MARITAL STATUS Single Married Widowed Divorced		DATE OF MARRIAGE		SPOUSE OR PARTNER'S DATE OF BIRTH	
SPOUSE OR PARTNER'S NAME		SPOUSE OR PARTNER'S GENDER IDENTITY			
b. CHILDREN'S INFORMATION					
CHILD'S NAME		CHILD'S DATE OF BIRTH			
CHILD'S NAME		CHILD'S DATE OF BIRTH			
CHILD'S NAME		CHILD'S DATE OF BIRTH			
CHILD'S NAME		CHILD'S DATE OF BIRTH			
c. PARENT'S INFORMATION					
FATHER'S NAME	ADDRESS STREET <i>(Include apartment number if applicable)</i>			DECEASED?	
	CITY, STATE				
	ZIP CODE				
MOTHER'S NAME	ADDRESS STREET <i>(Include apartment number if applicable)</i>			DECEASED?	
	CITY, STATE				
	ZIP CODE				

SECTION II. EDUCATION INFORMATION				
a. HIGHER EDUCATION INSTITUTIONS ATTENDED				
COLLEGE (NO ABBREVIATIONS)		YEARS ATTENDED	GRADUATION DATE	
		DEGREE AWARDED		
SEMINARY (NO ABBREVIATIONS)		YEARS ATTENDED	GRADUATION DATE	
		DEGREE AWARDED		
OTHER INSTITUTION (NO ABBREVIATIONS)		YEARS ATTENDED	GRADUATION DATE	
		DEGREE AWARDED		
b. CLINICAL PASTORAL EDUCATION (CPE) UNITS AND/OR RESIDENCY				
SITE NAME		SITE ADDRESS <i>(Include suite number, city, state, & zip code)</i>		
SUPERVISOR NAME		DATES		
SITE NAME		SITE ADDRESS <i>(Include suite number, city, state, & zip code)</i>		
SUPERVISOR NAME		DATES		
SITE NAME		SITE ADDRESS <i>(Include suite number, city, state, & zip code)</i>		
SUPERVISOR NAME		DATES		
SECTION III. ROSTERED MINISTER INFORMATION				
PROJECTED ORDINATION DATE		CURRENT CANDIDACY SYNOD		
a. MINISTRIES SERVED				
CONTEXTUAL EDUCATION SITE				
CHURCH NAME	LOCATION		DATES	
INTERNSHIP SITE				
CHURCH NAME	LOCATION		DATES	
SECTION IV. SYNOD BISHOP AND RECRUITER				
a. SYNOD BISHOP				
SYNOD BISHOP NAME		SYNOD BISHOP EMAIL		
SYNOD ADDRESS <i>(Include suite number if applicable)</i>		CITY	STATE	ZIP
SYNOD PHONE NUMBER				
b. RECRUITER				
SALUTATION & NAME		EMAIL	PHONE	

SECTION V. GENERAL INFORMATION ABOUT APPLICANT

EXPERIENCE WITH YOUTH GROUPS/YOUNG ADULTS/ORGANIZATIONS

TEACHING EXPERIENCE

EXPERIENCE IN ATHLETICS/COLLEGE ACTIVITIES

MILITARY TRAINING AND EXPERIENCE

IF YOU HAVE MILITARY EXPERIENCE, HOW MANY MONTHS HAVE YOU SERVED IN THE FOLLOWING?

ENLISTED

OFFICER

MUSIC TRAINING (VOCAL/INSTRUMENTAL)

SECULAR EMPLOYMENT

LINGUISTIC ABILITY *(Ability and/or translate the following languages well)*

HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE IN THE ARMY, NAVY, AIR FORCE, RESERVES, OR NATIONAL GUARD? IF SO, GIVE CIRCUMSTANCES.

WHAT IS YOUR REASON FOR APPLYING FOR THE CHAPLAINCY?

SECTION VI. BRIEF LIFE SKETCH

A large, empty rectangular box with a black border, intended for writing a brief life sketch.