



## 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 events in family or other setting in which the applicant was reared.
  - b. Experiences in youth which affected calling.
  - c. How did seminary and other training prepare you for this ministry?
  - d. A brief description of immediate family relationships.
  - e. Describe your concept of ministry.
  - f. Some projection of the way you see yourself ministering in a pluralistic and diverse setting.
3. Enclose two non-identical photos of you 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 chaplaincy at 202.626.3846

**\*NOTE\* 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**

(A digital signature shall be as valid as a wet signature)

\_\_\_\_\_  
**DATE**

I. APPLICANT INFORMATION					
FULL NAME (LAST, First Middle)		SSN (Last 4 digits only)		PREFERRED NAME	
ELCA LEADER NUMBER <small>(All persons are assigned a Leader Number (L-000000) when completing candidacy paperwork. It can be found on the ELCA Community portal.)</small>		BRANCH OF APPLICATION  Air Force      Army      Navy		GENDER IDENTITY	
HOME ADDRESS STREET (Include apartment or suite number)		CITY		STATE	ZIP CODE
PERSONAL EMAIL		HOME PHONE		CELL PHONE	
DATE OF BIRTH	PLACE OF BIRTH	UNITED STATES CITIZENSHIP Birth      Naturalization		HEIGHT (FEET & INCHES)	WEIGHT (POUNDS)
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			
c. PARENT'S INFORMATION					
FATHER'S NAME	ADDRESS STREET (Include apartment number if applicable)			DECEASED?	
	CITY, STATE				
	ZIP CODE				
MOTHER'S NAME	ADDRESS STREET (Include apartment number if applicable)			DECEASED?	
	CITY, STATE				
	ZIP CODE				

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

**f. REFERENCES**

NAME AND CONTACT INFORMATION OF FIVE INDIVIDUALS NOT RELATED TO YOU AND NOT YOUR SYNOD BISHOP, WHO HAVE CURRENT KNOWLEDGE OF YOUR ACTIVITIES. **INCLUDE SALUTATION FOR EACH REFERENCE SUCH AS Rev., Mr., Mrs., Ms., Mx., Dr., etc.**  
**DO NOT INCLUDE BUSINESS OR ORGANIZATION TITLES SUCH AS CHAPLAIN, SUPERVISOR, ADMINISTRATOR, ETC.**

<b>1. HOME CONGREGATION PASTOR</b>		<b>EMAIL</b>		<b>PHONE</b>	
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>		<b>ZIP CODE</b>
<b>2. SEMINARY PROFESSOR</b>		<b>EMAIL</b>		<b>PHONE</b>	
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>		<b>ZIP CODE</b>
<b>3. HOME CONGREGATION LAYPERSON</b> <small>(Include salutation, ex: Dr., Mr., Mx, etc.)</small>		<b>EMAIL</b>		<b>PHONE</b>	
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>		<b>ZIP CODE</b>
<b>4. FORMER EMPLOYER/SUPERVISOR</b> <small>(Include salutation, ex: Dr., Mrs., Ms, etc.)</small>		<b>EMAIL</b>		<b>PHONE</b>	
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>		<b>ZIP CODE</b>
<b>5. APPLICANT'S CHOICE</b> <small>(Include salutation, ex: Dr., Rev., Ms, etc.)</small>		<b>EMAIL</b>		<b>PHONE</b>	
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>		<b>ZIP CODE</b>

**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.

NO

YES (please explain in box below)

WHAT IS YOUR REASON FOR APPLYING FOR THE CHAPLAIN CANDIDATE PROGRAM?

SECTION VI. BRIEF LIFE SKETCH

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