

***Please read these instructions before you proceed!***

## Instructions for filling out this form

This is a fillable PDF form. You will need either Adobe Acrobat or Adobe Reader to complete and save this form. Adobe Reader may be downloaded for free at <http://get.adobe.com/reader>.

### USE ONLY ADOBE READER

Please do **not** complete this form using other PDF readers than Adobe Reader. Please don't complete this form using Apple Preview. If you use Preview, some features such as saving your completed document may be unavailable, or responses won't be visible when they are submitted. Use Adobe Reader; this free application may be downloaded at <http://get.adobe.com/reader>.

### USE THE MOST RECENT VERSION OF ADOBE READER

While we attempt to make forms backward compatible, for the best results, use the most recent version of Adobe Reader, available for free download at <http://get.adobe.com/reader>.

**DO NOT COMPLETE THIS FORM FROM WITHIN A BROWSER** Do **not** complete this form within a web browser. If you are viewing this form from within a web browser, please go back to the original document link and save the PDF file to your computer. To do this with a PC, right-click on the document link and select either "Save Target As" or "Save Link As" and save. On a Mac, use Command-Click to save locally. If you try to complete this form from within a browser, some features such as saving your completed document may be unavailable. If after saving the file on your hard disk, you click to open the document and it *still* opens in a browser, you may have to open Adobe Reader as your first step, and then browse your hard disk to find the form file to open.

### FILLING IN THE FORM

This form can be filled out and saved for later editing, printing, or emailing. To fill out this form, position your cursor within a light blue field, click and begin typing. When you have completed a field, tab or click to the next. Periodically save your work. The first time you may be prompted to save with a different file name; you may name your file anything you want. If you include your name in the file name, that will make it easier to identify your file among other submissions. To ensure success, fill out a small portion of the form, save and exit. Open the form again and verify that your entries were saved.

### STILL HAVING TROUBLE FILLING OUT AND SAVING THIS FORM?

If you are still having trouble completing and saving this form, please contact [firstcall@elca.org](mailto:firstcall@elca.org) for assistance.



**(PROVISIONAL) FIRST CALL FORM: PART I**

This portion of the form is to be completed by the candidate and submitted to the candidate's home synod office at least 30 days prior to their home region's regional consultation. By submitting this form, the candidate indicates that they intend to be in the First Call Process following approval.

Candidate Name (First, Middle Initial, Last, Suffix): \_\_\_\_\_

Synod of Candidacy: \_\_\_\_\_ Candidate For: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Tradition in which ordained, commissioned or consecrated (if applicable): \_\_\_\_\_ Date of ordination, commissioning or consecration (if applicable): \_\_\_\_\_

Seminary of Degree / Certificate Program: \_\_\_\_\_ Completion Date: \_\_\_\_\_

ELCA Seminary of Affiliation (if applicable): \_\_\_\_\_ Completion Date: \_\_\_\_\_

Date available to start interviewing: \_\_\_\_\_ Date available to accept a call: \_\_\_\_\_ Leader Key L \_\_\_\_\_

I have submitted my Rostered Minister Profile (RMP)

**Family Information**

Relationship Status: Spouse/\_\_\_\_\_ The following people are dependent on me: Children Parents Other: \_\_\_\_\_

Spouse/Fiancé(e)'s Full Name: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Spouse/Fiancé(e)'s Profession: \_\_\_\_\_

My spouse/fiancé is an ELCA rostered minister in the \_\_\_\_\_

My spouse/fiancé is an ELCA candidate in the \_\_\_\_\_ & anticipates availability for first call in \_\_\_\_\_

Feel free to elaborate on your current family life:

**PREFERENCES**

Describe the ministry situation(s) and setting(s) to which you have the clearest sense of call and describe the gifts you bring.

I would prefer a: Full-time call Part-time call My priority for call is: Call Geography

Please choose one of the options below. Then select \_\_\_\_\_ preferred synod(s) and/or region(s), listed in the order of preference.

- I am open to all synods and regions. @greatly prefer the regions and synods listed below.
- I am open to all synods and regions, with my preferences listed below. I am open only to the regions and synods listed below.

1. 11.
2. 12.
3. 13.
4. 14.
5. 15.



### (PROVISIONAL) FIRST CALL FORM: PART II

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This portion of the form is to be completed by the synod bishop and/or staff member(s) who is/are conducting the pre-Consultation interview with the candidate. It should be completed after the interview with the candidate and before the Regional Consultation. Once it is completed, it should be made available to the region's First Call Consultation Group.

Candidate Name: \_\_\_\_\_

Name of person completing this form & title/role: \_\_\_\_\_

Date this form was received from candidate: \_\_\_\_\_ Date of pre-Consultation interview: \_\_\_\_\_

I have confirmed that the candidate's Rostered Minister Profile (RMP) is online and has been "activated" by the synod.

Notes from the pre-approval interview (please note this form may be shared with other regions and synods and will be filed at Churchwide):

Based on the pre-Consultation interview, I expect that after the Regional Consultation discussion this candidate will be made available for call in:

their home synod      another synod in their home region      another region

### (PROVISIONAL) FIRST CALL FORM: PART III

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This portion of the form is to be completed by the Candidacy and Leadership Manager (CaLM) of the candidate's home region. It should be completed at time of approval (after the Form E has been submitted) and sent to the Candidacy team at [firstcall@elca.org](mailto:firstcall@elca.org).

Name of the Candidacy and Leadership Manager: \_\_\_\_\_

Date of the Regional Consultation: \_\_\_\_\_

I have verified that the D Form is on file with the synod office.

The candidate and their situation has been discussed at the Regional Consultation and has been approved by their candidacy committee. Below is the anticipated next step for the candidate:

This candidate has an anticipated call in: \_\_\_\_\_

This candidate will begin interviewing for calls in: \_\_\_\_\_ in the following synod(s):

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Additional comments or notes: