

Please read these instructions before your 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

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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 the churchwide unit responsible for the form.



ENTRANCE INFORMATION

Name: _____

LAST NAME
FIRST NAME/GIVEN NAME
M.I.
SUFFIX
TITLE

Leader Key: _____ Synod: _____

Out of care for the church every candidate answers these questions as part of the application form. The questions will be discussed with the Candidacy Committee at the Entrance Interview. The candidate and a member of the Candidacy Committee will then sign this form.

“As a candidate for rostered ministry in this church, I understand I will be held accountable to the synod’s candidacy committee regarding this church’s expectations for my speech and conduct as set forward in Definitions and Guidelines for Discipline of Rostered Ministers. I understand that my candidacy for rostered ministry brings increased attention to my life. I am responsible for informing my bishop regarding any circumstance that might subject me to discipline according to Definitions and Guidelines were I a rostered minister. I understand that the candidacy committee may modify my candidacy status in response to my speech and conduct.”

- Yes No 1. Do you belong to any organization or lodge like the Free Masons or Eastern Star which claim to possess in its teachings and ceremonies that which the Lord has given solely to the Church?
- Yes No 2. Have you completed your on-line personal health assessment?
- Yes No 2a. What did you learn, and what will you do to remain healthy?
- Yes No 3. Do you have or have you had any health conditions (physical or psychological) that might interfere with your ability to serve as a rostered minister in the ELCA?
- Yes No 4. Are there issues in your family situation or personal life that could adversely affect your ability to serve as a rostered minister in the ELCA?
- Yes No 5. Is your personal debt, excluding mortgages, greater than \$31,500?
- Yes No 6. Have you ever defaulted on a loan or declared bankruptcy?
- Yes No 7. Do you now engage, or have you ever engaged in any addictive behavior, including drug or alcohol abuse or sexual or pornographic addictions?
- Yes No 8. Have you ever been terminated or resigned from any employment or volunteer activities due to accusations of misconduct, whether financial, sexual, ethical, or other improper behavior?
- Yes No 9. Have you ever engaged in, been accused of, charged with, or convicted of a crime or illegal conduct, including conduct resulting in suspension or revocation of your driver’s license?
- Yes No 10. Have you ever been engaged in, accused of, sued, or charged with sexual molestation, sexual harassment, child neglect or abuse, spousal neglect or abuse, or financial improprieties?
- Yes No 11. Do you have any sexual attraction toward children or minors, or any history of sexually deviant behavior, including behavior with children or minors?
- Yes No 12. Have you engaged in any behavior or been involved in any situations that, if they became known by the church, might seriously damage your ability to be a rostered minister?
- Yes No 13. Are you prepared to accept a call from this church based on the needs of the church which might require service in a location different from where you now live?
- Yes No 14. Is there additional information that would assist the Candidacy Committee in considering your candidacy or that you believe the committee should know?

Information related to _____

[Empty rectangular box for information entry]

Information related to _____

[Empty rectangular box for information entry]

Information related to _____

[Empty rectangular box for information entry]

Information related to _____

[Empty rectangular box for information entry]

*Candidacy committee please e-mail form to candidate and interviewer, for digital signatures.

Signature of Candidate:

<i>SIGNATURE</i>	<i>NAME: PLEASE PRINT</i>	<i>DATE: MM/DD/YYYY</i>

Signature of Interviewer:

<i>SIGNATURE</i>	<i>NAME: PLEASE PRINT</i>	<i>DATE: MM/DD/YYYY</i>

Signature of Interviewer:

<i>SIGNATURE</i>	<i>NAME: PLEASE PRINT</i>	<i>DATE: MM/DD/YYYY</i>