Please read these instructions before your proceed!

Instructions for filling out this form

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USE THE MOST RECENT VERSION OF ADOBE READER

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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 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:						r	
		L	AST NAME	FIRST NAME/GIVEN NAME	M.I.	SUFFIX	TITLE
Leader Ke	•		Synod:				
		-	_	ons as part of the application for idate and a member of the Cand	_		
church's ex my candida might subje	pectations for a cy for rostered ect me to discip	my spections ministrolline according	ech and conduct as set forward in large brings increased attention to my	will be held accountable to the syn Definitions and Guidelines for Dis valife. I am responsible for informinates were I a rostered minister. I university	cipline of Rost	tered Ministers. regarding any cir	I understand that reumstance that
Yes	☐ No	1.		n or lodge like the Free Masons or I nich the Lord has given solely to the		nich claim to pos	sess in its
Yes	□ No	2.	Have you completed your on-line	e personal health assessment?			
		2a.	What did you learn, and what wi	ll you do to remain healthy?			
Yes	☐ No	3.	Do you have or have you had any ability to serve as a rostered mini	y health conditions (physical or psyster in the ELCA?	ychological) th	at might interfer	e with your
Yes	☐ No	4.	Are there issues in your family si rostered minister in the ELCA?	tuation or personal life that could	adversely affec	t your ability to	serve as a
Yes	☐ No	5.	Is your personal debt, excluding	mortgages, greater than \$31,500?			
Yes	☐ No	6.	Have you ever defaulted on a loa	n or declared bankruptcy?			
Yes	☐ No	7.	Do you now engage, or have you sexual or pornographic addiction	ever engaged in any addictive bels?	navior, includin	ng drug or alcoho	ol abuse or
Yes	☐ No	8.	<u> </u>	resigned from any employment or vexual, ethical, or other improper be		ies due to accusa	tions of
Yes	☐ No	9.		accused of, charged with, or convi- spension or revocation of your driv			ıct,
Yes	☐ No	10.		ccused of, sued, or charged with se or abuse, or financial improprietie		on, sexual harass	sment, child
Yes	No No	11.	Do you have any sexual attraction behavior with children or minors	n toward children or minors, or any ?	history of sexu	ally deviant beh	avior, including
Yes	□ No	12.	Have you engaged in any behavior might seriously damage your abit	or or been involved in any situation lity to be a rostered minister?	as that, if they	became known	by the church,
Yes	□ No	13.	Are you prepared to accept a call a location different from where y	from this church based on the nee ou now live?	ds of the churc	h which might r	equire service in
Yes	☐ No	14.	Is there additional information th you believe the committee should	at would assist the Candidacy Cond know?	nmittee in cons	idering your car	ndidacy or that

Information related to			
Information related to			
Information related to			
Information related to			
*Candidacy committee please	e-mail form to candidate and interviewer, for digital	signatures.	
Signature of Candidate:	·		
-	SIGNATURE	NAME: PLEASE PRINT	DATE: MM/DD/YYYY
Signature of Interviewer:			
	SIGNATURE	NAME: PLEASE PRINT	DATE: MM/DD/YYYY
Signature of Interviewer:			
	SICNIATURE	NAME: DI EASE DRINT	DATE: MM/DD/VVVV

Synod Office File