



Discernment Information Form

This form is for information gathering purposes only. This is not a formal application to any program or ELCA Candidacy. Information shared is for NWOS Staff only for purposes of guidance in discernment.

PERSONAL INFORMATION

Area of General Interest In Serving the Church

LAST FIRST MIDDLE M.I.

LAST NAME AT BIRTH (IF DIFFERENT) SUFFIX TITLE

FULL NAME

Address:

ADDRESS LINE I ADDRESS LINE II

CITY STATE ZIP

PHONE E-MAIL

GENDER BIRTHDATE BIRTHPLACE

BAPTISM DATE CONGREGATION LOCATION

CONFIRMATION DATE CONGREGATION LOCATION

CITIZENSHIP ARE YOU LEGALLY ENTITLED TO WORK IN THE UNITED STATES?
(YES/NO)

MARRIED SINGLE

NATIVE LANGUAGE ETHNIC ORIGIN MARRIAGE STATUS

Other Languages

Read Write Conversation Translate

ELCA CONGREGATIONAL MEMBERSHIP

CONGREGATION NAME CONGREGATION NUMBER MEMBER SINCE

CITY, STATE, ZIP PASTOR SYNOD



POST-SECONDARY EDUCATION

College:

NAME	MAJOR/ STUDIES	YEAR (FROM/TO)
DEGREE	CITY/STATE	

Graduate School:

NAME	MAJOR/ STUDIES	YEAR (FROM/TO)
	CITY/STATE	

Other Education (Diakonia or other faith-formations studies)

NAME	MAJOR/ STUDIES	YEAR (FROM/TO)
DEGREE	CITY/STATE	

Please write a brief account of your faith journey.