

# NWOS Application for Synod Authorized Ministry

Application for consideration to serve in the Northwestern Ohio Synod is by invitation only. If you have not met with Bishop Daniel Beaudoin or his staff, please call the synod office at 419-423-3664. This application is for the purpose of gathering information to begin a personal ministry profile for your official record at NWOS. SAMs are invited to serve by the Bishop and are authorized by synod council. This application is not an authorization to serve.

## PERSONAL INFORMATION

SYNOD IN WHICH YOU ARE A CANDIDATE

LAST 4 OF SS#

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



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## 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

## WORK HISTORY (Please list most recent position first, including any military service)

EMPLOYER POSITION/TITLE YEAR (FROM /TO)

CITY, STATE PHONE

EMPLOYER POSITION/TITLE YEAR (FROM /TO)

CITY, STATE PHONE

## SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

NAME (Printed)

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