



Application for the Synodical Diaconate

Florida-Bahamas Synod

Evangelical Lutheran Church in America

Please submit the following application in order to be considered as a synod diaconal nominee. (Once approved by the Bishop, a synod diaconal nominee becomes a synod diaconal candidate):

I am applying as a nominee for: _____ Synod Diaconate

PERSONAL INFORMATION

Name: _____

LAST

FIRST

MIDDLE

Gender: ____ Female ____ Male

Birthdate: ____ / ____ / ____ Birthplace: _____ Citizenship: _____

Marital Status: ____ Never Married ____ Married ____ Widowed ____ Divorced

ADDRESS

Present Address: _____

Mailing Address: (if different):

Work Address: _____

Phone Numbers: Home () _____ Work () _____

Permanent Address (if different from above):

Email: _____

FAMILY

Spouse's Full Name: _____

Spouse's Employment Status: ____ Employed Full Time ____ Employed Part Time ____ Not Employed

Children

Age

Sex

EDUCATION

Graduate of _____
High School _____ Date _____

College/University: _____

Location: _____

Degree Earned: _____ Year: _____ Major: _____

I am currently enrolled in diaconal studies? ___No ___Yes _____Part Time

Name of Institution: _____

Location: _____

WORK HISTORY

Please list most recent position first, including any military service.

Position	Employer	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONGREGATIONAL MEMBERSHIP

Congregation Name: _____

Location: _____

Pastor: _____ ELCA Synod: _____

Length of time in membership: _____

I was baptized in _____
CHURCH AND LOCATION DATE

I was confirmed in _____
CHURCH AND LOCATION DATE

ELCA (or predecessor church body) Member since: _____ / _____
Month Year

MINISTRY WORK

In what areas or roles have you been involved on a church, synod or community level (administration, teaching, pastoral care, evangelism, etc.)

Briefly describe your current ministry, how it came about, and what blessings the Lord has worked through it.

REFERENCES

List below the name, address, and phone number of persons to whom reference inquires can be made:

Your home congregation or campus pastor:

Name: _____

Address: _____

City/State/Zip: _____

Phone: () _____ Email: _____

Nominee's signature

Date

Pastor's signature

Date

Complete and send this form to the address below. Candidates may be required to undergo background checks.

Mail completed application and documentation to:

Florida-Bahamas Synod, ELCA

**Attn: Bishop's Oversight Committee for the
Synod Diaconate**

3838 W. Cypress St.

Tampa, Florida 33607-4803

Office Use Only:

Bishop's Office or Representative

Date