



Synod Parish Deacon Application

*Please submit the following application to be
considered as a Synod Parish Deacon.*

PERSONAL INFORMATION

Name _____
Last First Middle

Identify as _____Female _____Male _____Non-binary

Birthday _____ Birthplace _____ Citizenship _____

Marital Status: Never Married____ Married____ Widowed____ Divorced____

Primary Address: _____

Alternate address; _____
From _____ to _____

Phone Number: Home _____ Cell _____

Email _____

Spouse's Full Name _____





EDUCATION

Graduate of (High School): _____ Date _____

College/University _____ Date _____

Degree Earned _____ Major _____

Currently enrolled in diakonia Lay School of Ministry? Full ___ Part time ___

Classes taught by my Pastor Yes ___ No ___

CONGREGATIONAL MEMBERSHIP

Congregation Name _____

Location _____

Pastor _____ Pastor email _____

Pastor Phone _____ Church Phone _____

Length of time in membership? _____

I was baptized in (Church name/location) _____

I was confirmed in (Church name/location) _____

ELCA (or predecessor church body) member since _____





MINISTRY WORK

What areas or roles have you been involved?

Church level: _____

Community level: _____

Synod level: _____

What calls you to become a Synod Parish Deacon? _____

EMPLOYMENT

Work History Most recent position first, including any military service:

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





References (please attach the following references):

1. Include a reference from your recommending Pastor to include:
 - Qualities the candidate has displayed that support their sense of calling to this ministry.
 - Skills and experience that demonstrate ability to carry out this ministry.
 - How becoming a SPD will change the role that this person plays in the life of the congregation.

2. From a non-relative sharing your character, skills, experience, and sense of calling.

Nominee’s signature

Date

Pastor’s signature

Date

Complete and mail application and documentation to:

Deacon Chair Darlene Kaiser 4972 Southfork Ranch Dr. Orlando, FL 32812

Or Email to Deaconchair@yahoo.com

Applications are reviewed quarterly by the Bishop’s Synod Parish Deacon Committee. Once you are approved you will be notified. When approved you will become a Synod Parish Deacon Candidate.

Application received: _____ Approved _____

