Please read these instructions before your proceed!

Instructions for filling out this form

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USE ONLY ADOBE READER

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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.



APPROVAL INFORMATION

Na	me:							
Leader Key:			L/		FIRST NAME/GIVEN NAME	M.I.	SUFFIX	TITLE
Ou	t of care	for the chur			ions as part of the application for e and a member of the Candidacy			
to:	nduct as s my life. I	et forward in am responsib	Definiti le for in	ons and Guidelines for Discipline forming my bishop regarding any	will be held accountable regarding to of Rostered Ministers. I understand circumstance that might subject me my candidacy status at any time in	that rostered to discipline	ministry brings according to De	increased attention finitions and
	Yes	□ No	1.		on or lodge like the Free Masons or E hich the Lord has given solely to the		ich claim to poss	ess 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 psy ister in the ELCA?	chological) tha	at might interfer	e with your
	Yes	□ No	4.	Are there issues in your family si rostered minister in the ELCA?	ituation or personal life that could a	dversely 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	an or declared bankruptcy?			
	Yes	□ No	7.	Do you now engage, or have you sexual or pornographic addiction	ever engaged in any addictive behas?	avior, includin	g drug or alcoho	ol abuse or
	Yes	□ No	8.		resigned from any employment or vo exual, ethical, or other improper beh		ies due to accusa	ions of
	Yes	No No	9.		accused of, charged with, or convic spension or revocation of your drive		or illegal condu	ct,
	Yes	☐ No	10.		accused of, sued, or charged with sex or abuse, or financial improprieties		on, sexual harass	ment, child
	Yes	□ No	11.	Do you have any sexual attraction behavior with children or minors	n toward children or minors, or any l	nistory of sexu	ally deviant beha	avior, including
	Yes	☐ No	12.	Have you engaged in any behavior might seriously damage your abi	or or been involved in any situation lity to be a rostered minister?	s that, if they l	oecame known l	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 need ou now live?	ls of the church	h which might re	equire service in
	Yes	□ No	14.	Is there additional information th you believe the committee should	at would assist the Candidacy Comd know?	mittee in cons	idering your can	didacy or that

Information related to			
Information related to			
Information related to			
Information related to			
*Candidacy committee please e-mail f	orm to candidate and interviewer, for	digital signatures.	
Signature of Candidate:			
	SIGNATURE	NAME: PLEASE PRINT	DATE: MM/DD/YYYY
Signature of Interviewer:			
Signature of Interviewer:	SIGNATURE	NAME: PLEASE PRINT	DATE: MM/DD/YYYY
	SIGNATURE	NAME: PLEASE PRINT	DATE: MM/DD/YYYY

Synod Office File