



Evangelical
Lutheran Church
in America

ELCA CHAPLAIN CORPS
10 G STREET NE, SUITE 490
WASHINGTON, DC 20002

APPLICATION FOR ECCLESIASTICAL ENDORSEMENT

APPLICATION INSTRUCTIONS

1. Please complete all questions. If a question does not apply in your case, enter "N/A".
ALL APPLICANTS MUST COMPLETE SECTIONS I-V.
FEDERAL CHAPLAINCY APPLICANTS MUST ALSO COMPLETE SECTION VI.
SPECIALIZED PASTORAL CARE AND/OR BOARD CERTIFICATION APPLICANTS MUST ALSO COMPLETE SECTION VII.
2. A brief life sketch should accompany the application in the space provided on page 6. It should include the following:
 - a. Important events in family or other setting in which the applicant was reared.
 - b. Experiences in youth which affected your calling to ministry.
 - c. How did seminary and other training prepare you for this ministry?
 - d. A brief description of immediate family relationships.
 - e. Describe your concept of ministry.
 - f. Some projection of the way you see yourself ministering in a pluralistic and diverse setting.
3. Enclose two non-identical photos of you with the application.
4. Email application materials to Michael.Sonnenberg@ELCA.org.
5. Please do not hesitate to call our office should you have any additional questions regarding this application, chaplaincy, or specialized pastoral care at 202.626.3846

***NOTE* SIGN AFTER YOUR APPLICATION IS COMPLETED**

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusal of endorsement, or withdrawal of endorsement should I receive an endorsement.

APPLICANT'S SIGNATURE

(A digital signature shall be as valid as a wet signature)

DATE

I. APPLICANT INFORMATION				
LEGAL FULL NAME (LAST, First Middle)		PREFERRED NAME		
GENDER IDENTITY		PREFERRED PRONOUNS		
HOME ADDRESS STREET		CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE		PERSONAL EMAIL	
CURRENT WORK ADDRESS		CITY	STATE	ZIP CODE
WORK PHONE	WORK EMAIL		CURRENT POSITION TITLE	
POSTAL MAILING PREFERENCE Home Work	EMAIL PREFERENCE Personal Work		PHONE PREFERENCE Home Cell Work	
SSN (last four digits only, BOP applicants full number)	DATE OF BIRTH		PLACE OF BIRTH	
UNITED STATES CITIZENSHIP Birth Naturalization	Only Federal Chaplain Applicants need to provide height and weight.		HEIGHT (in feet and inches)	WEIGHT (in pounds)
a. SPOUSE OR PARTNER INFORMATION				
MARITAL STATUS Single Married Widowed Divorced		DATE OF MARRIAGE (if applicable)		SPOUSE OR PARTNER DATE OF BIRTH
SPOUSE OR PARTNER NAME		SPOUSE OR PARTNER GENDER IDENTITY		
b. CHILDREN'S INFORMATION				
CHILD'S NAME		CHILD'S DATE OF BIRTH		
CHILD'S NAME		CHILD'S DATE OF BIRTH		
CHILD'S NAME		CHILD'S DATE OF BIRTH		
CHILD'S NAME		CHILD'S DATE OF BIRTH		
c. PARENT'S INFORMATION				
FATHER'S NAME DECEASED?		STREET ADDRESS		
		CITY	STATE	ZIP CODE
MOTHER'S NAME DECEASED?		STREET ADDRESS		
		CITY	STATE	ZIP CODE

d. ROSTER INFORMATION

ELCA LEADER NUMBER <i>(All persons are assigned a Leader Number (L-000000) when completing candidacy paperwork. It can be found on the ELCA Community portal.)</i>	ORDINATION INFORMATION		
	LOCATION NAME		
DATE OF ORDINATION	LOCATION CITY AND STATE		
ROSTERED STATUS Minister of Word and Sacrament Minister of Word and Service Retired Minister of Word and Sacrament Retired Minister of Word and Service Other	CURRENT SOURCE OF CALL Congregation Council Synod Council ELCA Church Council On Leave From Call Retired	ROSTERED SYNOD GEOGRAPHIC SYNOD	

e. SYNOD AND BISHOP INFORMATION

SYNOD BISHOP NAME		SYNOD BISHOP EMAIL		
SYNOD STREET ADDRESS	CITY	STATE	ZIP CODE	SYNOD PHONE NUMBER

f. REFERENCES

NAME AND ADDRESSES OF FIVE PERSONS NOT RELATED TO YOU AND NOT YOUR SYNOD BISHOP, WHO HAVE CURRENT KNOWLEDGE OF YOUR ACTIVITIES (I.E. SEMINARY PROFESSOR, SUPERVISORY PASTOR, NEIGHBORING PASTOR, LAY PEOPLE, ETC.). **INCLUDE SALUTATION FOR EACH REFERENCE SUCH AS Rev., Mr., Mrs., Ms., Mx., Dr. DO NOT INCLUDE BUSINESS OR ORGANIZATION TITLES SUCH AS CHAPLAIN, SUPERVISOR, ADMINISTRATOR, ETC.**

1. SALUTATION & NAME <i>(For example, Mrs., Dr., Pastor, etc.)</i>		EMAIL		PHONE	
ADDRESS		CITY	STATE		ZIP CODE
2. SALUTATION & NAME <i>(For example, Mr., Mx., Rev., etc.)</i>		EMAIL		PHONE	
ADDRESS		CITY	STATE		ZIP CODE
3. SALUTATION & NAME <i>(For example, Ms., Dr., Deacon, etc.)</i>		EMAIL		PHONE	
ADDRESS		CITY	STATE		ZIP CODE
4. SALUTATION & NAME <i>(For example, Dr., Rev., Ms. etc.)</i>		EMAIL		PHONE	
ADDRESS		CITY	STATE		ZIP CODE
5. SALUTATION & NAME <i>(For example, Deacon, Mx., Mr., etc.)</i>		EMAIL		PHONE	
ADDRESS		CITY	STATE		ZIP CODE

SECTION II. EDUCATION INFORMATION

a. UNDERGRADUATE AND GRADUATE EDUCATION

COLLEGE NAME (NO ABBREVIATIONS)	START DATE AND END DATE	GRADUATED? Yes No
COLLEGE CITY AND STATE	DEGREE AWARDED	
SEMINARY NAME (NO ABBREVIATIONS)	START DATE AND END DATE	GRADUATED? Yes No
SEMINARY CITY AND STATE	DEGREE AWARDED	
INSTITUTION NAME (NO ABBREVIATIONS)	START DATE AND END DATE	GRADUATED? Yes No
INSTITUTION CITY AND STATE	DEGREE OR CERTIFICATE AWARDED	

b. CONTEXTUAL EDUCATION

SITE NAME	SITE STREET ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR NAME		START DATE AND END DATE		
SITE NAME	SITE STREET ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR NAME		START DATE AND END DATE		

c. CANDIDACY SYNOD

Please type the name of the synod which you went through candidacy

d. CLINICAL PASTORAL EDUCATION (CPE) AND/OR RESIDENCY

SITE NAME	CITY	STATE	ZIP CODE	NUMBER OF UNITS
SUPERVISOR NAME		START DATE AND END DATE		
SITE NAME	CITY	STATE	ZIP CODE	NUMBER OF UNITS
SUPERVISOR NAME		START DATE AND END DATE		
SITE NAME	CITY	STATE	ZIP CODE	NUMBER OF UNITS
SUPERVISOR NAME		START DATE AND END DATE		

e. INTERNSHIP SITE

SITE NAME	CITY	STATE	ZIP CODE
SUPERVISOR NAME		START DATE AND END DATE	

SECTION III. PROFESSIONAL MINISTRY EXPERIENCE

SITE NAME	SITE STREET ADDRESS	CITY	STATE	ZIP CODE
TYPE OF MINISTRY		POSITION		START DATE AND END DATE
SITE NAME	SITE STREET ADDRESS	CITY	STATE	ZIP CODE
TYPE OF MINISTRY		POSITION		START DATE AND END DATE
SITE NAME	SITE STREET ADDRESS	CITY	STATE	ZIP CODE
TYPE OF MINISTRY		POSITION		START DATE AND END DATE
SITE NAME	SITE STREET ADDRESS	CITY	STATE	ZIP CODE
TYPE OF MINISTRY		POSITION		START DATE AND END DATE
SITE NAME	SITE STREET ADDRESS	CITY	STATE	ZIP CODE
TYPE OF MINISTRY		POSITION		START DATE AND END DATE

SECTION IV. ADDITIONAL QUESTIONS

EXPERIENCE WITH YOUTH GROUPS/YOUNG ADULTS/ORGANIZATIONS

TEACHING EXPERIENCE

EXPERIENCE IN ATHLETICS/COLLEGE ACTIVITIES

MUSIC TRAINING (VOCAL/INSTRUMENTAL)

SECULAR EMPLOYMENT

LINGUISTIC ABILITY *(Ability and/or translate the following languages well)*

WHAT IS YOUR REASON FOR APPLYING FOR CHAPLAINCY?

SECTION V. BRIEF LIFE SKETCH *(Must fit within the box below. Do not attach a separate document to your application)*

SECTION VI. FEDERAL CHAPLAINCY

(Complete only if you are seeking a federal chaplaincy endorsement)

Department of Defense

Branch of Application:

Component:

If you have military experience, how many months have you served in the following:

Officer:

Enlisted:

Department of Homeland Security – Coast Guard Auxiliary Chaplain Support

RECRUITER INFORMATION (COMPLETE IF APPLICABLE)

Department of Homeland Security – Immigration and Customs Enforcement

RANK AND NAME

Department of Justice – Bureau of Prisons

EMAIL

Department of Justice – Federal Bureau of Investigations

Department of Treasury – Secret Service

PHONE

Department of Veterans Affairs

SECTION VII. SPECIALIZED PASTORAL CARE AND/OR BOARD CERTIFICATION

(Complete only if you are seeking a Specialized Pastoral Care endorsement)

a. CURRENT POSITION *(Please check those that best apply)*

Department Director/Manager

Director of Education/Training

Staff Pastoral Counselor

Intern/Resident

Corporate/Administrative

Congregation Pastor

Staff Chaplain

Congregation Deacon

Part-time Chaplain *(15 hours per week or more)*

Other:

b. TYPE OF AGENCY/INSTITUTION AND/OR PROGRAM PRESENTLY SERVING *(Please check all that apply)*

General Medical Hospital

Community Mental Health Center/Program

Psychiatric Hospital/Program

Social Service Agency

Pastoral Counseling Center/Program

Juvenile/Youth Children's Facility/Program

Geriatric/Long-Term Care Facility

Facility for Developmentally Disabled

Drug/Alcohol Treatment Facility

Business Industry

Congregation

Police Department

Correctional Facility

Fire Department

Parish Ministry

Other:

c. AFFILIATION OF CURRENT AGENCY/INSTITUTION *(Please check all that apply)*

GOVERNMENT

Federal

City

State

Not Applicable

County

RELIGIOUS

Lutheran

Not Applicable

Ecumenical

Other Church Body:

PRIVATE

Non-Profit

Not Applicable

For-Profit

Other:

d. SPECIALIZED MINISTRY PROFESSIONAL INFORMATION**MEMBERSHIPS/CERTIFICATIONS IN PROFESSIONAL ORGANIZATIONS****AMERICAN ASSOCIATION OF PASTORAL COUNSELORS (AAPC)**

PCT
Year

Diplomat
Year

Member
Year

Other
Year

Fellow
Year

ASSOCIATION OF PROFESSIONAL CHAPLAINS (APC)

Board Certified
Year

Associate
Year

Affiliate
Year

ASSOCIATION OF CLINICAL PASTORAL EDUCATION (ACPE)

Acting/Associate Supervisor
Year

Full Supervisor
Year

Clinical Member
Year

AMERICAN CORRECTIONAL CHAPLAINS ASSOCIATION (ACCA)

Member
Year

Certified
Year

FEDERATION OF FIRE CHAPLAINS

Member

Associate Member

SPIRITUAL CARE ASSOCIATION (SCA)

Professional
Year

Community Clergy and Religious Leaders
Year

AMERICAN ASSOCIATION ON INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Certified Member
Year

Member
Year

AMERICAN ASSOCIATION OF MARRIAGE AND FAMILY THERAPY (AAMFT)

Clinical Member
Year

Supervising Member
Year

INTERNATIONAL CONFERENCE OF POLICE CHAPLAIN (ICPC)

Full Member

Associate Member

Liaison Member

Affiliate Member

OTHER ORGANIZATION

ORGANIZATION:

ROLE IN ORGANIZATION:

SPECIALIZED MINISTRY ENDORSEMENT STATUS *(Please check one of the following)*

Previously endorsed through LCUSA (1976-1988)

Not Endorsed, but presently applying for Endorsement

Previously endorsed through ELCA (1988-present)

Other:

Unsure of endorsement status

e. TYPE OF AGENCY/INSTITUTION AND/OR PROGRAM SEEKING TO SERVE WITH ENDORSEMENT *(Please check all that apply)*

General Medical Hospital

Community Mental Health Center/

Psychiatric Hospital/Program

Program Social Service Agency

Pastoral Counseling Center/Program

Juvenile/Youth Children's Facility/Program

Geriatric/Long-Term Care Facility

Facility for Developmentally Disabled

Drug/Alcohol Treatment Facility

Business Industry

Congregation

Law Enforcement

Correctional Facility

Fire Department

Parish Ministry

Other:

f. ACCREDITING AGENCY *(Please select which agency your endorsement should be sent)*

Association of Professional Chaplains (APC)

Association of Certified Chaplains (ACC)

Spiritual Care Association (SCA)

Other:

National Association of Veterans Affairs Chaplains (NAVAC)