

***Please read these instructions before you proceed!***

## Instructions for filling out this form

This is a fillable PDF form. You will need either Adobe Acrobat or Adobe Reader to complete and save this form. Adobe Reader may be downloaded for free at <http://get.adobe.com/reader>.

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### USE THE MOST RECENT VERSION OF ADOBE READER

While we attempt to make forms backward compatible, for the best results, use the most recent version of Adobe Reader, available for free download at <http://get.adobe.com/reader>.

### DO NOT COMPLETE THIS FORM FROM WITHIN A BROWSER

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 be 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.



## WORD AND SERVICE INTERNSHIP SITE APPLICATION

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Seminary to receive application: \_\_\_\_\_

Name of potential intern (if applicable): \_\_\_\_\_

Name of Congregation/Organization: \_\_\_\_\_

Congregation Number (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Synod (if applicable): \_\_\_\_\_

Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dates of Internship:

From: \_\_\_\_\_ To: \_\_\_\_\_

Hours \_\_\_\_\_ per \_\_\_\_\_ (week/month)

### **PART 1 – INFORMATION REGARDING THE CONGREGATION OR INSTITUTION**

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Are there any special qualifications desired in an intern?  Yes  No

Responsibilities of ministers of Word and Service include:

1. Be rooted in the Word of God, for proclamation and service;
2. Advocate a prophetic diakonia that commits itself to risk-taking and innovative service on the frontiers of the Church's outreach, giving particular attention to the suffering places in God's world;
3. Speak publicly to the world in solidarity with the poor and oppressed, calling for justice and proclaiming God's love for the world, witnessing to the realm of God in the community, the nation, and abroad;
4. Equip the baptized for ministry in God's world that affirms the gifts of all people;
5. Encourage mutual relationships that invite participation and accompaniment of others in God's mission.
6. Practice stewardship that respects God's gift of time, talents, and resources;
7. Share knowledge of the ELCA and its wider ministry of the gospel, and advocate for the work of all expressions of this church; and
8. Identify and encourage qualified persons to prepare for the ministry of the gospel.

FOR TECHNICAL QUESTIONS CALL 773-380-2870 ● [WWW.ELCA.ORG/CANDIDACY](http://WWW.ELCA.ORG/CANDIDACY)

FOR QUESTIONS REGARDING THE FORM CONTACT THE SEMINARY DIRECTLY

How is your congregation/organization equipped to help an intern grow in these areas?

Brief description of congregation or organization and the surrounding community

**PART 2 – INFORMATION CONCERNING THE SUPERVISOR**

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Name of person directly responsible for supervision: \_\_\_\_\_

Years in Present Position: \_\_\_\_\_

Years of Rostered Ministry (if applicable): \_\_\_\_\_

Seminary Attended (if applicable): \_\_\_\_\_

Advanced Degrees (professional education, certification, etc.):

A. Leadership Style and Attitude

1. Your view of ministry:

1                       2                       3                       4                       5                       6  
*Emphasis on ministry as a professional and developed skill*                      *Emphasis on spiritual call and vocation*

2. Your perspective regarding authority of Ministry of Word and Service:

1                       2                       3                       4                       5                       6  
*Emphasis on call of the church*                      *Emphasis on own inner call*

3. Your customary style of leadership and decision-making:

1                       2                       3                       4                       5                       6  
*Strive for group consensus*                      *Emphasis on making your own decisions*

4. Your customary style of problem solving:  
 1       2       3       4       5       6  
*Face conflict directly*      *Wait for problem to resolve itself*
5. Your usual approach to teaching:  
 1       2       3       4       5       6  
*Sharing information*      *Sharing experiences*
6. Your style of sharing personal feelings:  
 1       2       3       4       5       6  
*Open and willing to share feelings*      *Cautious and Reserved*
7. Your customary way of working with colleagues:  
 1       2       3       4       5       6  
*Seek to coordinate and collaborate*      *Seek to work independently*
8. Your style of interpersonal communication:  
 1       2       3       4       5       6  
*Tend to offer input*      *Tend to listen*
9. People perceive me as:  
 1       2       3       4       5       6  
*Quiet and Introspective*      *Gregarious, an extrovert*
10. I understand myself to be:  
 1       2       3       4       5       6  
*Highly organized; one who values structure*      *Free spirit; one who values spontaneity*
11. Your attitude regarding rostered minister ethics:  
 1       2       3       4       5       6  
*Rostered ministers live like all other persons*      *Rostered ministers must live as a model for others*

12. List any important books and continuing education events which have enriched your life in the past three years.

13. Describe your work in the synod, conference, church and community beyond your congregational context (if applicable):

Write a brief autobiographical reflection, including some indication of your approach to supervising an intern and anything about yourself which you believe to be helpful.

14. The Criteria and Standards for Settings in the Candidacy Manual stipulate that “congregations are expected to have a written policy for sexual ethics.”

- Our congregation/Institution has a written policy against sexual misconduct and harassment. A copy is enclosed with this application. We agree to include a clause regarding internship.
- We are committed to developing a sexual misconduct and harassment policy prior to the arrival of our intern. We will send a copy upon its adoption.

Support for the internship as a learning process

- The congregation/organization agrees to provide mutually agreed upon learning opportunities.
- The congregation/organization agrees to provide appropriate supervision including establishing and evaluating learning service covenants and frequent supervisory sessions to focus on the development of the candidate as a minister of Word and Service.
- The congregation/organization agrees to provide an internship committee of four to six members, who will be a special resource to the intern, observe the intern's work, engage in regular discussions with the intern, and provide feedback and evaluation. The committee will meet at least every six weeks.
- The congregation/organization agrees to reimburse the student for approved expenses incurred in their work, such as automobile expenses incurred in the performance of assigned duties.
- Provide intern a stipend or hourly compensation.

**PART 3 – APPROVALS AND SIGNATURES**

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Yes  No      Has this application been approved by the appropriate people?  
(congregation/board/committee)? Date: \_\_\_\_\_

Yes  No      For congregations, does the synod know of your applying for an intern?

Yes  No      For congregations, does the synod approve of this application?

Signature of Rostered Minister or head of institution: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Congregational Representative (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_