



# WELS Staff Ministry Certification Program

## *Application for Admission*

1995 Luther Court  
New Ulm, MN 56073

Phone: 507.354.8221  
Fax: 507.233-9106

*Please Print in Ink or Type*

Beginning \_\_\_\_\_ 20 \_\_\_\_\_

Seeking Certification as  Parish Staff Minister  Non-parish Staff Minister

### BIOGRAPHICAL DATA

**Name:** \_\_\_\_\_  
Last First Middle Maiden

**Address:** \_\_\_\_\_  
Number and Street City State Zip

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Marital Status:**  Single  Married  Widowed  Separated  Divorced  Divorced and Remarried

**Name of Spouse:** \_\_\_\_\_ **Birth Years of Children:** \_\_\_\_\_

**Ethnicity** (Used for State and Federal Government Reports) *(Optional)*:

Nonresident Alien  Race and Ethnicity unknown  Hispanics of any race

*For non-Hispanics only:*  American Indian or Alaska Native  Asian  Native Hawaiian or other Pacific Islander  
 Black or African American  White  Two or more races

### CHURCH MEMBERSHIP

**Congregation:** \_\_\_\_\_ **Synod:** \_\_\_\_\_  
Name

**Address:** \_\_\_\_\_  
Number and Street City State Zip

**Pastor\*:** \_\_\_\_\_  
Name Address City State Zip

**How long a member of this congregation:** \_\_\_\_\_ **Year of your confirmation:** \_\_\_\_\_ **Is spouse member?**  Yes  No **Year of spouse's confirmation:** \_\_\_\_\_

\*Before your application can be considered officially, a written recommendation from your pastor must be on file.  
 If you are presently teaching in the synod under a provisional call, validation by the head administrator is also requested.

### EDUCATIONAL HISTORY

**Elementary:** Grades attended in public school \_\_\_\_\_ Lutheran school \_\_\_\_\_

**Secondary:** Grades attended in public school \_\_\_\_\_ Lutheran school \_\_\_\_\_

**Colleges –  
Universities:**

Name of Institution \_\_\_\_\_ Dates attended \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Grad. Year \_\_\_\_\_

Name of Institution \_\_\_\_\_ Dates attended \_\_\_\_\_

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Name of Institution \_\_\_\_\_ Dates attended \_\_\_\_\_

**Earned degrees:**

Kind \_\_\_\_\_ Institution \_\_\_\_\_ Year \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Kind \_\_\_\_\_ Institution \_\_\_\_\_ Year \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

*Note: Official transcripts from the college and university must be on file before your application will be consideration.*

**EMPLOYMENT HISTORY**  
*(Since first earned degree)*

Nature of position \_\_\_\_\_ Employer \_\_\_\_\_ Place \_\_\_\_\_ Dates \_\_\_\_\_

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**Present Employer**

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Position Description**

\_\_\_\_\_  
\_\_\_\_\_

**MILITARY HISTORY**

Have you been in military service? \_\_\_\_\_ Dates \_\_\_\_\_ Branch \_\_\_\_\_

**HEALTH DATA**

Have you, or have you had, any physical disability or chronic illness? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been under professional care for emotional or mental difficulties? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## OTHER INFORMATION

Have you ever been convicted of a felony?  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever been convicted of any kind of sexual misconduct or sexual or physical abuse?  Yes  No

If yes, please explain \_\_\_\_\_

Have you read and do you understand the Guidelines for Synodical Certification of Staff Ministers?  Yes  No

Are you aware that successful completion of the Synodical Certification Program does not imply that a call from a congregation in the synod will automatically or immediately follow?  Yes  No

Are you in agreement with the policies?  Yes  No

State reasons for seeking synodical certification: \_\_\_\_\_

I herby verify that the information requested on this application is complete and accurate.

Date: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_

*Please note: The applicant's obligation to provide complete and accurate information on this form includes updating any information that may change after submitting this application.*

### *Reminder – Other Documents Needed*

1. Pastor's recommendation: Date Requested: \_\_\_\_\_ Date Received: \_\_\_\_\_

2. All official college and university transcripts: Date Requested: \_\_\_\_\_ Date Received: \_\_\_\_\_



*Please Return to:*  
Staff Ministry Program  
Martin Luther College  
1995 Luther Court  
New Ulm, MN 56073