MARTIN LUTHER COLLEGE

1995 Luther Court
New Ulm, MN 56073

Phone: 507.354.8221
Fax: 507.233-9106

WELS Staff Ministry Certification Program
Application for Admission

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 _____

Name of Institution _____ Dates attended _____

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 _____

Nature of position _____ Employer _____ Place _____ Dates _____

Nature of position _____ Employer _____ Place _____ Dates _____

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:** _____

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Please Return to:
Staff Ministry Program
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