



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: _____

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

Position Description

Name	Address	City	State	Zip

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 _____

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