

***Please read these instructions before your 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>.

### USE ONLY ADOBE READER

Please do **not** complete this form using other PDF readers than Adobe Reader. Please don't complete this form using Apple Preview. If you use Preview, some features such as saving your completed document may be unavailable, or responses won't be visible when they are submitted. Use Adobe Reader; this free application may be downloaded at <http://get.adobe.com/reader>.

### 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 Joshua Brodbeck at the Southern Ohio Synod ([jbroadbeck@southernohiosynod.org](mailto:jbroadbeck@southernohiosynod.org)).



## Recommendation Form (Communal Discernment)

Every Christian has a baptismal call to ongoing discernment of God’s activity in the world, in the Church, and in one’s life. The primary purpose behind emphasizing a phase of discernment prior to application to leadership programs - normally with a rostered minister or mentor - is to assist applicants in reflecting upon aspects of their lives that might confirm a call to leadership. Some aspects worthy of consideration include an understanding of baptismal vocation, spirituality and prayer life, critical life experiences, relationship with the community of faith, significant life influences, and family of origin. You are asked to provide your understanding of the person named below who seeks to prepare for a lay ministry role in the Southern Ohio Synod of the ELCA. The information you provide will assist the Director of the Leadership Academy and the Director of Candidacy and Leadership Formation in the task of evaluating and accompanying the applicant as they begin their journey. Thank you for your time and effort in providing a candid evaluation of this applicant.

**Applicant Name:** \_\_\_\_\_

**Congregation** (Discernment Community)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
city state postal code

Pastor: \_\_\_\_\_ **Synod:** \_\_\_\_\_

**Congregational Membership**

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant?

If you are the pastor, how many years has the applicant been a member of your congregation? \_\_\_\_\_

Please share a brief description of this person’s participation in the life of your congregation including any specific areas of responsibility and service.

Describe the process of discernment in which this person has been involved.

What is your assessment of this person's potential for leadership?

To your knowledge, are there any personal factors related to health and well-being that might be of concern if this person enters public ministry? Please be specific.

Describe any areas in which you believe this person might need specific guidance or nurture in order to serve in Lay Worship Leader or Synod Authorized Minister roles in the Southern Ohio Synod of the ELCA. Please be specific.

**Recommender:** \_\_\_\_\_

**Role:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

mm/dd/yyyy

*Send completed form to [leadershipacademy@southernohiosynod.org](mailto:leadershipacademy@southernohiosynod.org)*