

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).



Application

Program (Select one): LWL _____ SAM _____

Name: _____

Address: _____
city state postal code

Preferred Phone Number: _____ Mobile? Landline?

E-mail: _____

Date of Birth: _____
mm/dd/yyyy

Present Congregational Membership: _____
city

Number of Years of Membership: _____ Pastor: _____

Please list any other denominations and churches where you have been a member, including dates.

Please describe your current and past involvement in your local congregation.

Marital status *(select all that apply)*:

Single Married Partnered Widowed Separated Divorced

Name of Spouse/Partner:

Please list the names and ages of any children living at home.

Please describe any circumstances in your family that may affect your participation in the LWL or SAM program.

EDUCATION HISTORY

Please describe your educational history, including the highest level completed and the area of study. Also indicate other areas of special training or expertise.

EMPLOYMENT HISTORY

Please provide a listing of the jobs you have held, including employer and dates (short term jobs may be omitted).

On a separate sheet please complete the following (3 pages maximum, doubled space, for all responses):

1. Why do you want to be involved in the program for Lay Worship Leader or Synod Authorized Ministry? (Be sure to identify which program in your response.)
2. What are the most important people, places or things that have helped to shape you as a child of God?
3. Describe your devotional life. Share how your family shaped your faith during formative years.

Signature of Applicant

Date

(for office use below)

Approval of Bishop/Designee

Date

Return to LeadershipAcademy@SouthernOhioSynod.org