



**Northwestern Minnesota Synod**  
**Evangelical Lutheran Church in America**  
God's work. Our hands.

**Pastor Reference of Applicant for Synod Authorized Ministry**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Congregation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Pastor: \_\_\_\_\_

**To the Pastor,**

You are asked to provide your understanding of the person named above who has been identified and seeks to apply for the position of non-rostered Synod Authorized Ministry in the Northwestern Minnesota Synod of the Evangelical Lutheran Church in America. This will be a part of the information which will assist in the task of evaluation and support of this applicant. Thank you for your time and effort in providing your evaluation of this applicant. You will also identify the specific areas of service that this applicant could provide a congregation.

**Congregational Membership**

Date of Applicant's Membership in your congregation: \_\_\_\_\_

Means (i.e. transfer, baptism, adult confirmation, etc.): \_\_\_\_\_

Number of years as a Member: \_\_\_\_\_

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

Describe the ministry setting in which this person could serve in a congregation.

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

To your knowledge, are there any personal factors, including health, which might adversely affect this person's service as a Synod Authorized Minister? Please be specific.

Describe any areas in which you believe this person might need specific guidance or nurture in order to serve as a Synod Authorized Minister. Please be specific.

We hereby register this member of our congregation to be considered for service in the Church as a non-rostered Synod Authorized Minister.

Pastor: \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to: Northwestern Minnesota Synod, Concordia College, Moorhead MN 56562**