Northwestern Minnesota Synod
Evangelical Lutheran Church in America

Pastor or *Congregation Leader* Reference Form for Synod Authorized Minister

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 or *Congregation Leader*,

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. **NOTE: If you believe this person will be invited to serve in YOUR congregation, please provide a note outlining the extent (hours per week or Sundays/month, for example) that you believe they would be invited into and whether or not recommended compensation would be provided.**

Congregation 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. **Or, if the person will be serving in YOUR congregations or parish, please describe what work they would be doing. Be as detailed as you are able to be at this time.**

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/Congregation Leader:_____ Date _____

Please return this form to: Northwestern Minnesota Synod, Concordia College, Moorhead MN 56562
If you have questions, please reach out to Bishop Bill Tesch at 605-351-8098.