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**LETTER OF CALL**

**YOUR NAME HERE**

A Synod Deacon of the Metropolitan New York Synod ELCA

In the Name of the Father, and of the Son, and of the Holy Spirit. Amen

With prayer for the guidance of the Holy Spirit to do God’s will.

**YOUR CHURCH NAME AND LOCATION HERE**

A Congregation of the Metropolitan New York Synod

Of the Evangelical Lutheran Church in America

Meeting on **Date of Congregational Approval**

Extends to you this call to serve as

**DEACON**

We call you to exercise among us the ministry of Word and Service which God has established and which the Holy Spirit empowers; to assist the Bishop and the Pastor to proclaim the Word of God and to lead the people of God in their ministry of service into and for the world.

We call you to fulfill this diaconal ministry in accordance with the standards and policies for the Synod Deaconate of the Metropolitan New York Synod of the Evangelical Lutheran Church in America.

In doing so, we call you to be diligent; in the study of the Holy Scriptures; in the use of the means of grace; in prayer; in faithful service; and in holy living.

With this call, we pledge our prayers, love, esteem and personal support for the sake of the ministry entrusted to you by God and for our ministry together in Christ’s name. Specific responsibilities and conditions of this call are contained in the “Description of Call.”

In testimony of this call, we have subscribed our names on behalf of the congregation.

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Pastor

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Council President

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Council Secretary

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Attested by

Bishop of the Metropolitan New York Synod

*Date of Bishop’s signing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Description of Diaconal Call:

As a Synod Deacon at \_\_\_\_\_\_LOCATION\_\_\_\_\_\_ , \_\_\_\_\_YOUR NAME\_\_\_\_\_\_ will:

* Be the Altar Ministry Team Coordinator, shall prepare liturgy for special services throughout the year, and shall ensure that the altar is appropriately set for Sunday worship, Ash Wednesday, Holy week and other festive services.
* Offer individual healing prayer during the 9:30 service on the third Sunday of every month.
* Lead quarterly TAZIE evening prayers and songs
* Visit those who are in hospitals, nursing homes or who are homebound, offering prayers and bringing the Eucharist to them.
* Under the guidance of the Pastor, lead worship in the absence of the Pastor, deliver the sermon and administer the Sacrament of Holy Communion by Extension according to the guidelines provided by the Synod.
* Attend Congregational meetings and participate in congregational ministry teams at the request of the church council and/or Pastor.

NOTE – The above wording is used as an example. Fill the description space on your actual Letter of Call with wording that describes your ministry agreement

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Deacon

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pastor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Council President

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Synod Deaconate Council Chair