



Metropolitan New York Synod
Evangelical Lutheran Church in America
God's work. Our hands.

Metropolitan New York Synod
Evangelical Lutheran Church in America
475 Riverside Drive, Suite 1620
New York, NY 10115

APPLICATION FOR ADMISSION TO THE SYNOD DIACONATE

Full Name: _____

Home Address: _____

E-Mail Address: _____

Phone: (Home) _____ (Cell) _____

Occupation: _____

Employers Address: _____

Employers Phone: _____

Date of Birth: _____ (Place of Birth) _____

US Citizen? _____ (If not, list citizenship) _____

Have you previously applied to the Diaconate? _____ If so, when? _____

Member of: _____ Lutheran Church, Since _____

Church Address: _____

Church Phone: _____ Email: _____

Pastor: _____

Pastor's Email: _____

If your membership is fewer than 5 years, please list your prior church membership and Pastor's name:

Please list the offices held and functions performed in your congregation(s) with approximate time frames:

Office	Function	Time Frame
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Please list Synod or Church wide offices held, function performed and approximate time frames:

Office	Function	Time Frame
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Family Information:

Marital Status: _____ Spouses Full Name: _____

Spouses Occupation: _____

Children's Names and Ages: _____

References: Please list the Names, Addresses, Phone Numbers and Titles of three (3) persons who can be used as written and verbal references. Do not include your Pastor. Include if possible, your employer and persons well acquainted with your family.

1. _____

2. _____

3. _____

1. Why do you desire to become a member of the Synod Diaconate? _____

2. Do you have the whole hearted support of your spouse and family? _____

3. What are your special interests in church work? _____

4. What special gifts and skills do you have for diaconal work? _____

5. Describe the studies you have undertaken and completed that would prepare you for membership in the synod diaconate. (If a graduate of "Growing in Faith" (Diakonia), attach a copy of your certificate of completion; if not a graduate, attach a detailed summary of resources used in theological preparation for the diaconate.) _____

6. What person(s) or events in your life have contributed positively to your spiritual formation? _____

7. Have your congregation and pastor(s) expressed a willingness to consider issuing a call to you to serve in diaconal ministry? _____

8. How many hours a week (average) are you able and willing to devote to diaconal work? (15 hours per week is the recommended level of activity for MNYS synod deacons.) _____

9. Assuming you are employed full time, what changes in your present pattern of family life and leisure time do you envision? _____

10. Do you have any health challenges or limitations? Please list. _____

11. Are you listed on any other ministerial roster? If so, which? _____

Signature _____ Date: _____

Statement of your Pastor: I endorse this applicant for admission to the Diaconate of the Metropolitan New York Synod, and agree to assist the Application Committee, wherever possible, in their evaluation of the applicant.

Pastor's Signature: _____ Date: _____

Please mail your completed application and the application fee, \$450 to:

**Metropolitan New York Synod
Evangelical Lutheran Church in America
475 Riverside Drive, Suite 1620
New York, NY 10115
ATTN: Synod Diaconate**

E-mail a second copy of the application to: SynodDiaconate@MNYS.org

Your congregation is responsible for the application fee is \$450. Your church's check is made payable to MNYS. This application fee covers the cost of your Background Check and Psychological Evaluation. You will need to consent to both of these.

If there are questions, please contact Synod Deacon George Guinan, Chair of the Synod Diaconate Council at the above email address or via cell: 631-767-0770.