

**METROPOLITAN CHICAGO SYNOD, ELCA**  
1420 W. Dickens Avenue  
Chicago, IL 60614-3004

**Application for Calls and Appointments to Ministries in Specialized Settings**

Click on the two buttons on the left for more information

Date submitted:

Name:

Address:

Date of ordination/certification:

Clergy  
 Lay Professional

Male  
 Female

Office phone:

Home phone:

E-mail:

Synod affiliation:

Congregation membership:

Address:

Roster status:

- Active                       On Leave From Call/Appt.                       Retired

Position applying for:

Institution/agency:

Address:

Full-Time

Starting date:

Shared-Time

Affiliation (check all that apply):

Church-Related:  ELCA     Pan-Lutheran     Other

Government:  Federal     State     County     City

Private:  For-Profit     Nonprofit

Name:

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**Other significant training for specialized ministry:**

Training center/location	Position	Dates	
<input type="text"/>	<input type="text"/>	<input type="text" value="//"/>	to <input type="text" value="//"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="//"/>	to <input type="text" value="//"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="//"/>	to <input type="text" value="//"/>

**Congregation experience:**

Congregation /location	Position	Dates	
<input type="text"/>	<input type="text"/>	<input type="text" value="//"/>	to <input type="text" value="//"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="//"/>	to <input type="text" value="//"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="//"/>	to <input type="text" value="//"/>

**Previous professional experience in specialized settings:**

Institution/Agency	Location	Dates	
<input type="text"/>	<input type="text"/>	<input type="text" value="//"/>	to <input type="text" value="//"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="//"/>	to <input type="text" value="//"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="//"/>	to <input type="text" value="//"/>

**Professional certifications/memberships:**

Name of professional organization	Status (certified, member, etc.)	Year certified
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name:

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**INSTRUCTIONS:**

- (1) Review MCS and ELCA Process guidelines (links at top of form).
- (2) Complete and submit application.

Please forward all required documents to:

**The Rev. Cynthia K. Hileman, Associate to the Bishop  
Metropolitan Chicago Synod  
1420 W. Dickens Avenue  
Chicago, Illinois 60614-3004**

**You may e-mail this form as an attachment to the synod office by pressing "Send."**

rev. 1/2008