

**APPLICATION FORM FOR THOSE SEEKING CALL TO SPECIALIZED MINISTRY IN
THE ROCKY MOUNTAIN SYNOD**

BASIC INFORMATION:

NAME: _____

MAILING ADDRESS: _____

TELEPHONE Office: _____ Home: _____

YEARS IN ORDAINED MINISTRY: _____

PRESENT SYNODICAL AFFILIATION / PROFESSIONAL AFFILIATION(S) / CERTIFICATIONS
AND/OR LICENSES: _____

BRIEFLY LIST CALLS SERVED BEGINNING WITH THE MOST RECENT: _____

CURRENT REQUEST:

Describe the position you are considering for specialized ministry. Include:

Duties (i.e. job description)

Will you be appropriately compensated?

How does this position require an ordained person?

Anticipated date for beginning your ministry:

Please note: *All calls to ministry are subject to annual review by the Bishop.*