

**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.*