



PARISH
MINISTRY
ASSOCIATE PROGRAM

Central States Synod
Evangelical Lutheran Church in America

FORM 1: APPLICATION FOR PMA PROGRAM

To be completed by Applicant

Contact Information

Name: _____

Date of Birth: _____ Email address: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone (home): _____ Phone (work): _____

Church Membership

Congregation Name: _____

City & State: _____

Area Ministry: _____

Recent participation in congregation's activities/ministries, esp. as pertaining to your skills and abilities: _____

Area Ministry:

- 1 – Northwestern Kansas
- 2 – Central & Southwestern Kansas
- 3 – North Central Kansas (incl. Salina & Lindsborg)
- 4 – North Central Kansas (incl. Manhattan)
- 5 – South Central Kansas (incl. Wichita & Hutchinson)
- 6 – Northeastern Kansas/Northwestern Missouri
- 7 – Kansas City Metro Area
- 8 – Southeastern Kansas & South Central Missouri
- 9 – Central & Northeastern Missouri
- 10 – St. Louis Metro Area & Southeastern Missouri

Family

Married Divorced Widowed Single

Spouse Name: _____

Children's Names and Ages: _____

Education

High School: _____ Graduation Date: _____

College(s): _____ Majored in: _____ Degree Earned? _____ Degree Date _____

Employment History

<u>Organization</u>	<u>Begin/End Dates</u>	<u>Position</u>

Application Information

Please check "Yes" or "No" for each question. Explain a "No" answer to Question 1 or any "Yes" answers to Questions 2-3 in the space below or on a separate sheet of paper. These answers do not automatically disqualify you from consideration.

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Are you familiar with the document <i>Visions and Expectations</i> (copy available on the ELCA website at http://www.elca.org/Growing-In-Faith/Vocation/Rostered-Leadership/Associates-in-Ministry/Vision-Expectations.aspx (We utilize the "AIM Visions and Expectations" statement)? Do you intend to live in accordance with its standards of conduct as a Parish Ministry Associate? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Have you engaged in any behavior or been involved in any situations that, if they became known by the church, might seriously damage your ability to continue as a Parish Ministry Associate candidate? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Is there additional information you believe the Parish Ministry Associate Team should know? |

Explanation/Additional Information Pertaining to Above Questions

Indicate the Item number from above and the additional information. Use additional paper if required.

PMA Core Courses Completed

For Information only—none are required for application. I have successfully completed the following core courses for PMA credit:

✓	Course Name	Date(s)	Instructor(s)
<input type="checkbox"/>	Old Testament		
<input type="checkbox"/>	New Testament		
<input type="checkbox"/>	Theology, Lutheran Confessions, and Polity		
<input type="checkbox"/>	Spiritual Care/Ministry		
<input type="checkbox"/>	Christian Ethics		
<input type="checkbox"/>	Worship		

ON A SEPARATE SHEET OF PAPER COMPLETE THESE QUESTIONS:

1. Why you are interested in the Parish Ministry Associate Program?
2. Write a Spiritual Autobiography – share your faith journey (maximum 500 words)

I affirm that the information in this application is correct. I understand that a background check is required, and I approve and authorize the Central States Synod to conduct a background check which may be through sources that provide this service.

Applicant's Signature _____

Date _____

Send completed Enrollment Forms 1 and 2 to:

Parish Ministry Associate Program
 Central States Synod, ELCA
 21 N. 12th Street, Suite 210
 Kansas City, KS 66102

Please enclose \$25.00 application fee payable to Central States Synod

For office use only:

Action taken: _____

Bishop or Bishop Designee's Signature: _____

Date: _____