# The Lutheran Church-Missouri Synod

## Colloquy Program

ENDORSEMENT APPLICATION FORM

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### Instructions

You are not officially a candidate for Teacher Colloquy (regardless of coursework taken) until you have been formally accepted into the program. To complete the application process to the colloquy program please do the following:

1. A background check through "Protect My Ministry" is required by the Synod's Council of Presidents as a part of the endorsement application process. This background check is facilitated through your local LCMS district office. Please contact your district office immediately to make arrangements for the background check. (If you are unsure how to contact your district office, CUEnet is happy to assist.)

2. Sign and date the *waiver* below.

3. Provide all information requested on the section, *Applicant Information,* on page 2 and 3.

4. Type an *autobiographical statement* on page 4, setting forth clearly your family background, religious affiliation, education, personal/professional accomplishments, mentors or models and reason for wishing to qualify for the teaching ministry of the Synod. This statement can be typed on a separate page and signed.

5. Submit all completed forms (Waiver, Applicant Information, Autobiographical Statement) to the director of your colloquy program (CUEnet or institution).

6. Provide official transcripts of your college education. Request the Registrar of your college(s) to send the transcript directly to the director of your colloquy program.

7. Request your Pastor and Principal (or other appropriate supervisor) write a Letter of Recommendation (on school and/or church letterhead) on your behalf and submit to the director of your colloquy program. (If you are the Principal, make this request to the chair of the Board of Education or one of your supervisors.)

# WAIVER

TO WHOM IT MAY CONCERN:

"I fully understand that in the process of reviewing my application, the relevant Synod college/university, the district and The Lutheran Church-Missouri Synod will receive from other individuals and organizations information and materials relating to my personal, academic and professional background. I agree that all such information and materials shall be retained solely by the college/university, the district or the Synod as the property of the college/university, the district or Synod, and that in no event must such information or materials be revealed to me. In consideration of the college/university, the district and the Synod accepting and proceeding with my application, I agree that I have no right to such materials or information, and I waive any right which I may now or later have to be informed of the contents of such materials, whether or not I am admitted to the Teacher Colloquy Program. I also fully understand the colloquy process as specified by the Synodical Handbook."

_____

Applicant's Signature and date

# Applicant Information

Last Name: First Name: MI Sex: Date of Birth:

Home Address: City St: Zip:

Home Phone: E-Mail:

Congregational Membership: City: State:

LCMS District:

## Academic Background

| School | Location | Years |
|---|---|---|
| Elementary | | |
| Secondary | | |
| College (undergraduate) | | |
| Post-Baccalaureate | | |
| Post-Baccalaureate | | |

## Record of Service

Beginning with the most recent, list all professional and/or other occupational experiences:

| School/Congregation/Employer | Location | Position | Years |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## Teaching Certification:

State(s):

Subject/Title:

Expiration Date:

## Community Service

List community service projects in which you have participated:

| Community Service | Years |
|---|---|
| | |
| | |
| | |

## PROFESSIONAL MEMBERSHIPS:

List your memberships in professional organizations. Please include any offices held.

| Organizations | Office(s) | Years |
|---|---|---|
| | | |
| | | |
| | | |

# FITNESS FOR MINISTRY

Before recommending a person for certification for professional ministry in the church, the Synod Committee on Colloquy for Commissioned Ministry must have assurance that the candidate is above reproach. Also, one of the objectives of the Synod is to "provide protection for the congregations, pastors, teachers and other church workers in the performance of their duties and the maintenance of their rights" (LCMS Constitution, Article III:9 ). Your responses to the following questions will help the Colloquy Committee fulfill its responsibilities in making its recommendation.

If you answer "yes" to any of the questions below, state on the space at the bottom of this form or on a separate sheet specifics related to each instance. This should include dates, facts, organizations and individuals that may have been involved. Please note that your answering "yes" to any of the following questions does not mean that you are automatically disqualified for the colloquy program. It does mean that we need to engage in a conversation with you about your answer. Our responsibility to our church body requires this. Our responsibility to you is that this be conducted in a loving and confidential manner.

**Are you or have you been**

- Suspended or expelled by any educational institution? _____
- Dismissed or asked to resign from any professional position you have held? _____
- Suspended, disqualified, censured, or had disciplinary or removal proceedings instituted against you as a member of any profession or organization? _____
- A party to a divorce? _____
- Involved in any homosexual activity? _____
- Involved in substance abuse? _____
- Under guardianship, declared a ward of the court, or incompetent because of mental illness or condition? _____
- A party (plaintiff or defendant) to any action, civil or criminal? _____
- Charged with…
- Fraud? _____
- Sexual Immorality? _____
- Improper or dishonorable conduct of any kind in any type of legal proceedings? _____
- Arrested, charged or convicted of a crime (excluding traffic violations), or subpoenaed to appear before any legal proceeding or investigatory agency? _____.
- Are you presently in good health? _____ , If not, please comment.

**Your Statement of Explanations:** (If more space is needed, attach a separate sheet.)

Your Signature:_____
Date_____

# AUTOBIOGRAPHICAL STATEMENT

Type an autobiographical statement setting forth clearly your family background, religious affiliation, education, personal/professional accomplishments, mentors or models and reason for wishing to qualify for the teaching ministry of the Synod.

Your Signature: _____

Date: _____

# COLLOQUY PROGRAM DISTRICT FORM

## PERSONAL INFORMATION

Last Name: First Name: MI:

Address:

Home Phone: Work Phone:

Earned Degree(s): LCMS Church Membership:

## EMPLOYMENT INFORMATION

School or Church:

Address: Phone:

Principal/Supervisor: Pastor:

## COLLOQUY CERTIFICATION INFORMATION

Synodical District: Certifying Institution:

## DISTRICT ENDORSEMENT

- ☐ This colloquy student has successfully passed the required background check administered by the district.
- ☐ This colloquy student is endorsed by the district as a candidate for the colloquy program.

**Signed: _____ Date: _____** **Signed: _____Date: _____**

(District President) (Education Executive)