



Preparing Adult Lay Leaders for Mission and Ministry

Pacifica Synod Life Long Learning

APPLICATION-PALLMM

This form is for those applying for the Synodically Licensed Ministry (SLM)

NAME: _____

ADDRESS: _____

TELEPHONE: (____) _____ W (____) _____

EMAIL: _____

Church Membership

Congregation: _____ City: _____

Pastor: _____ Member since (yr.) _____

Ministries/Activities involved in:

As partners in ministry with the Pacifica Synod, our congregation nominates the above named person to participate in the SLM Program.

Pastor/Congregational President's Signature: _____

Please send a brief letter of recommendation to the Synod Office, attn: PALLMM

PERSONAL INFORMATION

Occupation: _____

Education Level: _____

Congregational Experience: _____

Are you Bilingual? Yes ___ No ___ What Language? _____

Any Cross-Cultural experience? Yes ___ No ___ What Culture? _____

What Area of Specialization are you identified for?

Word and Sacrament ___ Worship ___ Catechist (Teacher) ___

Evangelist/Missionary ___ Administrator ___ Spiritual Care ___

SPIRITUAL AUTOBIOGRAPHY

Please supply a brief statement of why you wish to enroll in the Program. Include your Christian experience, relationship to the church, and your reasons for applying. (Please write approx. 500 words and attach)

Signature of Applicant: _____ Date _____

Please mail completed form and \$50.00 registration fee (Made out to Pacifica Synod):

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