



**Metropolitan New York Synod**  
**Evangelical Lutheran Church in America**  
God's work. Our hands.

**Metropolitan New York Synod**  
**Evangelical Lutheran Church in America**  
**475 Riverside Drive, Suite 1620**  
**New York, NY 10115**

## **APPLICATION FOR ADMISSION TO THE SYNOD DIACONATE**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Occupation: \_\_\_\_\_

Employers Address: \_\_\_\_\_

\_\_\_\_\_

Employers Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Place of Birth) \_\_\_\_\_

US Citizen? \_\_\_\_\_ (If not, list citizenship) \_\_\_\_\_

Have you previously applied to the Diaconate? \_\_\_\_\_ If so, when? \_\_\_\_\_

Member of \_\_\_\_\_ Lutheran Church, Since \_\_\_\_\_

Church Address \_\_\_\_\_

\_\_\_\_\_

Pastor(s): \_\_\_\_\_

If your membership is fewer than 5 years, please list your prior church membership and Pastor's name:

\_\_\_\_\_

\_\_\_\_\_

Please list the offices held and functions performed in your congregation(s) with approximate time frames:

Office	Function	Time Frame
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list Synod or Church wide offices held, function performed and approximate time frames:

Office	Function	Time Frame
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Information:

Marital Status: \_\_\_\_\_ Spouses Full Name: \_\_\_\_\_

Spouses Occupation: \_\_\_\_\_

Children's Names and Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References: Please list the Names, Addresses, Phone Numbers and Titles of three (3) persons who can be used as written and verbal references. Do not include your Pastor. Include if possible, your employer and persons well acquainted with your family.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Why do you desire to become a member of the Synod Diaconate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you have the whole hearted support of your spouse and family? \_\_\_\_\_  
\_\_\_\_\_

3. What are your special interests in church work? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What special gifts and skills do you have for diaconal work? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe the studies you have undertaken and completed that would prepare you for membership in the synod diaconate. (If a graduate of "Growing in Faith" (Diakonia), attach a copy of your certificate of completion; if not a graduate, attach a detailed summary of resources used in theological preparation for the diaconate.) \_\_\_\_\_

\_\_\_\_\_

6. What person(s) or events in your life have contributed positively to your spiritual formation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Have your congregation and pastor(s) expressed a willingness to consider issuing a call to you to serve in diaconal ministry? \_\_\_\_\_

\_\_\_\_\_

8. How many hours a week (average) are you able and willing to devote to diaconal work? (15 hours per week is the recommended level of activity for MNYS synod deacons.) \_\_\_\_\_

\_\_\_\_\_

9. Assuming you are employed full time, what changes in your present pattern of family life and leisure time do you envision? \_\_\_\_\_

\_\_\_\_\_

10. Do you have any health challenges or limitations? Please list. \_\_\_\_\_

\_\_\_\_\_

11. Are you listed on any other ministerial roster? If so, which? \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Statement of your Pastor: I endorse this applicant for admission to the Diaconate of the Metropolitan New York Synod, and agree to assist the Application Committee, wherever possible, in their evaluation of the applicant.

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail your application and application fee, \$450 (check made payable to MNYS) to:**

**Metropolitan New York Synod  
Evangelical Lutheran Church in America  
475 Riverside Drive, Suite 1620  
New York, NY 10115  
ATTN: Finance Department**

**E-mail a second copy of the application to: [SynodDiaconate@MNYS.org](mailto:SynodDiaconate@MNYS.org)**

Please contact Synod Deacon George Guinan, Chair of the Synod Diaconate Council, if there are questions.

Cell: 631-767-0770