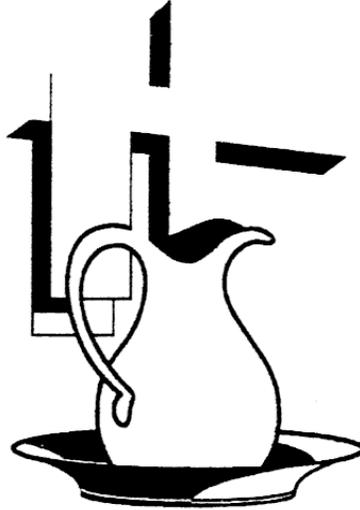


APPLICATION PACKET



PARISH MINISTRY ASSOCIATE PROGRAM

If you have any questions about the application packet or process, please contact the Pastor Carol Mapa, PMA Administrator, at 308-532-0250 (option 4) or pma@nebraskasynod.org or Pastor Steve Meysing, PMA Program Director, at 308-530-5740 or steve@nebraskasynod.org.

Please return all pages of this packet, your spiritual autobiography, and your application fee to the PMA Office, PO Box 1462, North Platte, NE 69103-1462.

**Application for
PARISH MINISTRY ASSOCIATE PROGRAM**

CANDIDATE INFORMATION (fill in all lines below)

Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ (H) _____ (W) _____ (C)
E-Mail _____

CHURCH INFORMATION

ELCA Congregation _____
Address _____
Pastor _____
Phones _____
E-Mail _____
How many years at this church? _____
If less than three years, previous congregation name, location, and pastor: _____

Your current church participation: _____

EDUCATION

High School _____
College _____
Certifications/Other _____

EMPLOYMENT HISTORY

FAMILY

Single ____ Married ____ Divorced ____ Widowed ____

Name of Spouse _____

Children and ages _____

Name of former spouse(s) and date(s) of divorce/death _____

OTHER LANGUAGES AND EXPERIENCES

My first language is _____ *please circle all that apply*

Other Language: _____ Read Write Translate Conversation

Other Language: _____ Read Write Translate Conversation

Other Language: _____ Read Write Translate Conversation

Describe any significant cross-cultural experiences you've been a part of: _____

DISCLOSURE INFORMATION & BACKGROUND CHECK

Out of care for the church, the following questions are asked of candidates for ministry and rostered ministers. Please circle your answer to each question. If you answered Yes to any question, please provide comments or explanations in the space below. Attach additional pages if necessary.

Have you ever engaged in, been accused of, charged with, or convicted of illegal conduct or a crime, including conduct resulting in suspension or revocation of your driver's license? Yes No

Do you have any addictive behavior, including a history of drug, alcohol, or pornographic addictions that might interfere with your ability to serve or continue serving as a minister? Yes No

Have you ever engaged in, been accused of, investigated for, sued, or charged with sexual misconduct, sexual harassment, substance abuse, child or spousal neglect or abuse, or financial improprieties? Yes No

Have you ever engaged in any behavior or been involved in any situations that, if they became known to the church, might seriously damage your ability to begin or continue in ministry? Yes No

Are you personally committed to living within the guidelines for PMA Students and Certified PMAs as defined in the PMA Handbooks and our ELCA's "Vision and Expectations of Ordained Ministers?" (Vision and Expectations is online at www.elca.org) Yes No

Comments and Explanations _____

Upon completion and receipt of this application, the PMA Administrator will provide you with a link to the website where you enter information for the background check. Please do this as soon as possible after receiving the link.

FINANCIAL ASSISTANCE

Need-based scholarships for course costs are available and confidential. Do you want the PMA Program Director or PMA Administrator to call you to discuss scholarships? Yes No

SPIRITUAL AUTOBIOGRAPHY

Please write about the following aspects of your faith journey and expectations of the Parish Ministry Associate Program. Please write out each question and then respond to it. (Minimum of two pages, double-spaced, standard margins, 12-point type.)

1. What are the significant and transforming moments in your faith life so far?
2. Describe your sense of God’s presence in your life right now.
3. Tell us about two people in your faith life who have helped you grow. Give examples of how your faith has been challenged and grown.
4. Describe a Bible story or share a scripture passage that is especially meaningful to you now or that represents your spiritual journey.
5. What spiritual practices do you find meaningful? Describe your plan for how your faith life will be sustained during your studies.
6. Describe your journey of discernment. Who are the people who have affirmed your sense of call to ministry, and what did they say?
7. Why are you interested in being a PMA? Share how God is calling you to serve God’s people and church.

AUTHORIZATION / RELEASE

I understand and agree that a background investigation will be conducted and that the information I have provided the Nebraska Synod of the Evangelical Lutheran Church in America may be verified by contacting persons and organizations with whom I have had contact or which may have information concerning me. I agree to release from liability and damages the Nebraska Synod ELCA and its agent(s) who provide information about me during this review, only to the extent that such information is released without malicious intent. All materials pertaining to the background check shall be the property of the Nebraska Synod ELCA. I authorize all such persons to treat a photocopy of this Authorization as though it were an original, executed Authorization.

Dated this _____ day of _____ 20__

Signature

Please print name

NEXT STEPS: For your application to be considered please send your non-refundable \$50 application fee (payable to Nebraska Synod ELCA), your spiritual autobiography, and the completed application pages to:
PMA Office
PO Box 1462
North Platte, NE 69103-1462

Once your background check has been received by the PMA Office, the PMA Steering Committee will review all elements of your application packet and then schedule an interview with you (in-person or by video). You will be advised of an admission decision typically within three to four weeks of all application materials being received in the PMA Office.

**Pastor's Endorsement of Applicant for
PARISH MINISTRY ASSOCIATE PROGRAM**
On a separate sheet of paper, please answer the following questions

Name of Applicant _____

Congregation and Town _____

Pastor (please print) _____

1. A brief history of the applicant's relationship to and participation in this congregation.
2. How might the Parish Ministry Associate Program benefit this applicant and the mission of God's church?
3. What personal gifts and strengths does this applicant bring to the ministry?
4. Comment on the applicant's interpersonal skills (i.e. team-player vs. independent, approaches to decision making and conflict, etc.). What is the applicant's level of self-awareness? Is s/he capable of acknowledging mistakes and learning from them?
5. Do you have any concerns about this applicant's psychological health? If so, would you recommend a psychological evaluation, as candidates for rostered ministry in the ELCA receive, prior to admission to the PMA Program?
6. Do you have any concerns regarding this applicant for the PMA Program or areas (including theological) where this applicant might need development or guidance?
____ Yes ____ No If yes, please explain.

Signature of Pastor

Date

Please send this page and your responses to:

PMA Office, PO Box 1462, North Platte, NE 69103-1462 or pma@nebraskasynod.org

Congregation Council Endorsement of Applicant for PARISH MINISTRY ASSOCIATE PROGRAM

Name of Applicant _____

Congregation and Town _____

1. How might the Parish Ministry Associate Program benefit this applicant and the mission of God's church?

2. What personal gifts and strengths does this applicant bring to the ministry?

3. In what areas do you encourage the applicant to grow?

4. Comment on the applicant's interpersonal skills (i.e. team-player vs. independent, approaches to decision making and conflict, etc.). What is the applicant's level of self-awareness? Is s/he capable of acknowledging mistakes and learning from them?

Our Congregation Council met on _____ and voted to endorse this applicant. Further, we will provide annual financial support in the amount of \$ _____ upon acceptance into PMA Program. Finally, we will provide support, regular communication, fellowship, leadership and worship opportunities during the course of our applicant's studies.

Signature of Council President

Date

Signature of Council Treasurer

Date

Please send this page and your responses to:
PMA Office, PO Box 1462, North Platte, NE 69103-1462 or pma@nebraskasynod.org

**Non-Congregational Reference for Applicant to the
PARISH MINISTRY ASSOCIATE PROGRAM**
Not to be completed by a family member

Name of Applicant _____

Congregation and Town _____

Your Name, printed _____

Your Address _____

Phone Numbers _____

1. How long and in what context have you known the applicant?

2. What personal gifts and strengths does this applicant bring to ministry?

3. In what areas do you encourage the applicant to grow?

4. Comment on the applicant's interpersonal skills (i.e. team-player vs. independent, approaches to decision making and conflict, etc.). What is the applicant's level of self-awareness? Is s/he capable of acknowledging mistakes and learning from them?

Signature

Date

Please send this page and your responses to:
PMA Office, PO Box 1462, North Platte, NE 69103-1462 or pma@nebraskasynod.org