**Montana Synod Lay Pastoral Associate Application**

The admission process to the Montana Synod Lay Pastoral Associate Program is based primarily on the recommendation of your pastor/mentor. The information requested in this document helps us to understand your motivation for attending the program and will aid the staff in getting to know you better. This is not a test.

LPA Application Questions

1. Why do you want to serve as a Lay Pastoral Associate?
2. In what ways has your desire to be a Lay Pastoral Associate been identified and affirmed by your community of faith?
3. How will your gifts and skills be of service to the church as a Lay Pastoral Associate?
4. Where do you see God active in your life? In the World?

The autobiographical information will be used by our office only.

## Lay Pastoral Associate Candidate Information

PLEASE PRINT CLEARLY OR TYPE

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal Information | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | |  | | | | | | | | | | | | |  | | | | | | |  |
| Last | | | | | | | | | | | | | | | First | | | | | | | M.I. |
| Address: | | |  | | | | | | | | | | | | | | | | | | |  |
| Street Address | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # |
|  | | |  | | | | | | | | | | | | | | | | |  | |  |
| City | | | | | | | | | | | | | | | | | | | | State | | ZIP Code |
| Home Phone: | | | |  | | | | | | | | Cell Phone: | | | | |  | | | | | |
| Personal E-mail Address: | | | | | | |  | | | | | | | | | | | | | | | |
| Birth Date: | |  | | | | | | | Congregation: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information | | | | | | | | | | | | | | | | | | | | | | |
| Employer: | | | | | |  | | | | Work Address: | | | | |  | | | | | | | |
| Work Phone: | | | | |  | | | | | | | | Work E-mail Address: | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Contact Information | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: |  | | | | | | | | | | | | | | |  | | | | |  | |
|  | Last | | | | | | | | | | | | | | | First | | | | |  | |
| Address: |  | | | | | | | | | | | | | | | | | | | |  | |
|  | Street Address | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | |
|  |  | | | | | | | | | | | | | | | | | |  | |  | |
|  | City | | | | | | | | | | | | | | | | | | State | | ZIP Code | |
| Primary Phone: | | | | | |  | | | | | | | | Alternate Phone: | | | |  | | | | |
| Relationship: | | | | | | | |  | | | | | | | | | | | | | | |
| **Other Relevant Info (food allergies, special needs for training sessions, etc.)** | | | | | | | |  | | | | | | | | | | | | | | |

Please attach a picture (for office staff to use to get to know you. You can submit a picture digitally to [cmccarty@montanasynod.org](mailto:cmccarty@montanasynod.org)) or via USPS.