**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) or via USPS.