



COLLOQUY FOR COMMISSIONED MINISTRY

IN THE LUTHERAN CHURCH—MISSOURI SYNOD

APPLICATION

SEPTEMBER 30, 2024



COLLOQUY APPLICATION for COMMISSIONED MINISTRY

INSTRUCTIONS

Welcome to this colloquy application! We are delighted that you are taking this major step in the colloquy process.

If you haven't done so already, before proceeding please review the Synod's colloquy webpage at lcms.org/colloquy-ministers-of-religion-commissioned. It would also be helpful for you to read the Synod's policy manual for commissioned ministry to which this application is appended. However, as stated on the Synod's colloquy webpage, the colloquy director or administrator to whom you submit this application process will also help you through this process (Policy 4.1.2).

CHECKLIST

- REVIEW** the Synod's commissioned colloquy webpage at lcms.org/colloquy-ministers-of-religion-commissioned.
- REVIEW** especially the "How to Apply" section on the colloquy webpage.
- CONTACT** the colloquy director at the CUS institution of your choice or the administrator at CUEnet.
- COMPLETE** the entire colloquy application signing and dating where requested.
- SUBMIT** the completed application to the colloquy director or CUEnet administrator with whom you are working.
- REQUEST** official transcripts for all post-secondary work to be sent directly to the colloquy director or CUEnet administrator with whom you are working, according to Policy 4.1.5.
- REQUEST** the pastor of the LCMS congregation you attend to write a letter of recommendation on church letterhead or from his email and submit it to the director of your colloquy program. This letter should be signed and dated and clearly state how long you have been a member of the congregation.
- REQUEST** that your principal (or other appropriate supervisor) write a letter of recommendation on school letterhead (or from his/her email) and submit it to the director of your colloquy program. If you are the principal, make this request to the chair of the board of education or one of your supervisors.
- WORK WITH** your chosen colloquy director or CUEnet administrator to request district endorsement according to policy section 4.2.
- BEGIN** taking classes at the direction of your colloquy program director or the CUEnet administrator, according to Policies 2.2 and 4.1.6 – 4.1.8.

DATE _____

I. PERSONAL INFORMATION

Last name _____ First name _____ Middle initial _____

Street address _____

City _____ State _____ Zip _____

Email _____ Cell phone _____ Work phone _____

Sex _____ Date of birth (MM/DD/YYYY) _____

II. COLLOQUY PROGRAM

I wish to become an LCMS Minister of Religion—Commissioned through colloquy. Yes No

To which colloquy program are you applying? _____

Through which CUS school would you like to be certified? _____

(If you are unsure, see page 16 in the policy manual as not all CUS institutions offer all colloquy programs.)

III. LCMS CHURCH MEMBERSHIP

Name of your current LCMS congregation _____

Date you became a communicant member in your current congregation _____

Year you joined the LCMS _____

Congregation location: City _____ State _____

Congregation pastor(s) _____

IV. EDUCATION

List all institution names and locations from which you graduated. Indicate the months/years you attended. Please request the registrar(s) of all post-secondary schools you attended to send official transcripts to the colloquy director or CUEnet administrator with whom you are working.

Undergraduate degree

Name of school _____

City _____ State _____

Date begun (MM/YYYY) _____ Date completed (MM/YYYY) _____

Major _____ Degree earned _____

Graduate Degree (if applicable)

Name of school _____

City _____ State _____

Date begun (MM/YYYY) _____ Date completed (MM/YYYY) _____

Major _____ Degree earned _____

Add additional institutions/degrees as needed.

V. STATE LICENSING AND CERTIFICATION *(teacher colloquy only)*

Are you now, or have you ever been, state licensed/certified/credentialed? Yes No

State(s) from which you are licensed/certified/credentialed _____

Expiration date(s) _____

Certificate subject(s)/title(s):

Please list any other qualifying certificates you hold:

Please include a copy of all certificates.

VI. EMPLOYMENT INFORMATION *(past 10 years; list most recent first)*

CURRENT place of employment _____

Street address _____

City _____ State _____ Zip _____

Phone number _____

Month/year of service (MM/YYYY): (from) _____ (to) _____ Hours per week _____

Description of service:

Name of supervisor _____

Operated by what LCMS church(es), if any _____

LCMS district _____

Next most recent place of employment _____

Street address _____

City _____ State _____ Zip _____

Phone number _____

Month/year of service (MM/YYYY): (from) _____ (to) _____ Hours per week _____

Description of service:

Name of supervisor _____

Next most recent place of employment _____

Street address _____

City _____ State _____ Zip _____

Phone number _____

Month/year of service (MM/YYYY): (from) _____ (to) _____ Hours per week _____

Description of service:

Name of supervisor _____

VII. ADDITIONAL SERVICE IN THE LCMS

(Voluntary or paid, unless already listed above; for example Sunday School, VBS, Church Council, etc.)

Entity (e.g., school, congregation, etc.) _____

City _____ State _____ Zip _____

Month/year of service (MM/YYYY): (from) _____ (to) _____

Position and description:

Entity (e.g., school, congregation, etc.) _____

City _____ State _____ Zip _____

Month/year of service (MM/YYYY): (from) _____ (to) _____

Position and description:

Please add additional lines as needed.

VIII. COMMUNITY SERVICE

List additional secular community or service projects in which you have participated.

Community service organization _____

Month/year of service (MM/YYYY): (from) _____ (to) _____

Community service organization _____

Month/year of service (MM/YYYY): (from) _____ (to) _____

Please add additional lines as needed.

IX. PROFESSIONAL MEMBERSHIPS

List your memberships in professional organizations. Please include any offices held.

Organization _____

Office held _____

Month/year of service (MM/YYYY): (from) _____ (to) _____

Organization _____

Office held _____

Month/year of service (MM/YYYY): (from) _____ (to) _____

Please add additional lines as needed.

FITNESS FOR MINISTRY QUESTIONS

Before recommending a person for certification for professional ministry in the church, the LCMS Committee on Colloquy for Commissioned Ministry (CCCM) must have assurance that the candidate is above reproach. Also, one of the objectives of the LCMS is to “provide protection for congregations, pastors, teachers, and other church workers in the performance of their official duties and the maintenance of their rights” (LCMS Constitution Art. III 9). Your responses to the following questions will help the CCCM fulfill its responsibilities in making its recommendation.

If you answer “yes” to any of the questions below, state on the space at the bottom of this form or on a separate sheet specifics related to each instance. This should include dates, facts, organizations, and individuals that may have been involved. Please note that your answering “yes” to any of the following questions does not mean that you are automatically disqualified for the colloquy program. It does mean that we need to engage in a conversation with you about your answer. Our responsibility to our church body requires this. Our responsibility to you is that this be conducted in a loving and confidential manner.

ARE YOU OR HAVE YOU BEEN:

- › Suspended or expelled by any educational institution? **Yes** **No**
- › Dismissed or asked to resign from any professional position you have held? **Yes** **No**
- › Suspended, disqualified, censured, or had disciplinary or removal proceedings instituted against you as a member of any profession or organization? **Yes** **No**
- › A party to a divorce? **Yes** **No**
- › Involved in cohabitation without marriage? **Yes** **No**
- › Involved in any homosexual activity? **Yes** **No**
- › Involved in substance abuse? **Yes** **No**
- › Under guardianship, declared a ward of the court, or incompetent because of mental illness or condition? **Yes** **No**
- › A party to any action, civil or criminal? **Yes** **No**
- › Charged with...
 - Fraud? **Yes** **No**
 - Sexual immorality? **Yes** **No**
 - Improper or dishonorable conduct of any kind in any type of legal proceedings? **Yes** **No**
 - Arrested, charged, or convicted of a crime (*excluding traffic violations*), or subpoenaed to appear before any legal proceeding or investigatory agency? **Yes** **No**
 - Are you presently in good health? **Yes** **No**

Your Statement of Explanations: Please be sure you follow the guidelines in the instructions and provide full and complete information. (*If more space is needed, attach a separate sheet.*)

AUTOBIOGRAPHICAL STATEMENT

Type an autobiographical statement setting forth clearly your family background, religious affiliation, education, personal/professional accomplishments, mentors or models, and reason for wishing to qualify for the teaching ministry of the Synod. *This statement may be typed on a separate page and signed.*

Signature _____ Date (MM/DD/YYYY) _____

PERSONAL INFORMATION WAIVER

TO WHOM IT MAY CONCERN:

“I fully understand that in the process of reviewing my application, the relevant Synod college/university, the district, and The Lutheran Church—Missouri Synod will receive from other individuals and organizations information and materials relating to my personal, academic, and professional background. I agree that all such information and materials shall be retained solely by the college/university, the district, or the Synod as the property of the college/university, the district, or the Synod, and that in no event must such information or materials be revealed to me. In consideration of the college/university, the district, and the Synod accepting and proceeding with my application, I agree that I have no right to such materials or information, and I waive any right which I may now or later have to be informed of the contents of such materials, whether or not I am admitted to the colloquy program. I also fully understand the colloquy process as specified by the Synod’s Handbook.”

I hereby certify that, to the best of my knowledge, all of the information in this application is truthful and correct.

Signature _____

Date (MM/DD/YYYY) _____

DISTRICT ENDORSEMENT FORM

“District Endorsement” section to be completed by the district office of the school, congregation, or agency where the candidate will be placed upon successful completion of colloquy; see Policy 4.2.1.1.

PERSONAL INFORMATION

Last name _____ First name _____ Middle initial _____

Street address _____

City _____ State _____ Zip _____

Cell phone _____ Work phone _____

Earned degree(s) _____

Applicant’s congregation (*name and town*) _____

Applicant’s pastor(s) _____

EMPLOYMENT INFORMATION

School or church _____

Street address _____

City _____ State _____ Zip _____

Cell phone _____ Work phone _____

Principal/Supervisor _____

ENDORSEMENT & CERTIFICATION INFORMATION

District _____

Certifying institution _____

DISTRICT ENDORSEMENT

- We have received and reviewed the applicant’s colloquy application (including the Fitness for Ministry questions, autobiographical statement, and personal information waiver), together with transcripts, and at least two letters of recommendation (CCCM Policy 4.1.7).
- We have recently ordered, received, and reviewed a background check for the applicant and are satisfied with its results. (Per CCCM Policy 4.2.1.4, please forward the background check, along with the SIF and this form, to the LCMS Office of First Vice-President.)
- This colloquy applicant is endorsed by the district for the colloquy program.

Printed name _____ Signature _____ Date _____
(District President)

Printed name _____ Signature _____ Date _____
(Education Executive)