Order of St. Stephen Deacon
Application

PERSONAL

NAME _____

COMPLETE ADDRESS _____
May we publish your address in our member list we share within our community? Y___   N___

PHONES   Home _____ Cell _____ Work _____
May we publish your phones in our member list we share within our community?

      Home: Y___   N___   Cell: Y___   N___   Work: Y___   N___

Preferred Email Address _____
May we publish your email in our member list we share within our community? Y___   N___

DATE OF BIRTH _____   (We do not share the YEAR in our directory)
May we publish the month and day of your birthday within our community? Y___   N___

FAMILY IN THE HOME: (Names, Relationship and Birthdates $_{(MMDD)}$) _____

_____

_____

NAME OF EMPLOYER_____

ADDRESS _____

PHONE _____ PRESENT OCCUPATION _____

EDUCATION   Name   Date of Graduation   Major

HIGH SCHOOL _____

TECH SCHOOL _____

COLLEGE _____

GRAD SCHOOL _____

RELIGIOUS

CHURCH AFFILIATION: _____

Name: _____

Address: _____

Phone: _____ Pastor: _____

YEARS OF ATTENDANCE: _____

DATE BAPTIZED: _____ PLACE BAPTIZED: _____

DATE CONFIRMED: _____ PLACE CONFIRMED: _____

POSITIONS OR OFFICES HELD: _____

_____

_____

What type(s) of service do you see as your diaconal call? _____

_____

_____

_____

_____

REVIEWS AND APPROVALS

<u>CONSENT FOR REVIEW</u>
_____(Initials)

I give my consent to the Order of St. Stephen, Deacon, in the Lutheran Church, to interview my pastor.

<u>STATEMENT OF RENEWAL</u>
_____(Initials)

After Setting Apart and completion of my training, I pledge to take at least two [2] courses every four [4] years in areas related to my ministry.

<u>AGREE TO REVIEW</u>
_____(Initials)

The applicant may be set apart after completion of all required courses, Candidacy Interviews, a favorable psychological evaluation, background check ($25) and the approval of the Archdeacon and the Bishop, or their representatives, along with the Executive Council of OSSD; and the Bishop of the Delaware-Maryland Synod has signed the Letters of Call.

<u>STATEMENT OF APPROVAL FROM YOUR CONGREGATION</u> We approve this person as a candidate of the diaconate and encourage his/her involvement in the OSSD Candidate program.

SIGNATURE OF PASTOR: _____ DATE: _____

Print Name of Pastor: _____

SIGNATURE OF COUNCIL PRESIDENT: _____ DATE: _____

Print Name of Council President: _____

CONGREGATION NAME:
Name _____

Address _____

Phone # _____

A "complete" application also requires:

- a "Faith statement" (typically 300-600 words)
- a background check that the applicant must initiate.
- Transcripts from previous education if you wish to have any classes waived
- At least Three letters of recommendation

Your entrance interview will be scheduled once all these documents are received. If a transcript is not available, please provide an explanation (such as the school no longer exists).

SIGNATURE OF APPLICANT: _____ DATE: _____
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