

# 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<sub>(MMDD)</sub>) \_\_\_\_\_

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

CONSENT FOR REVIEW

\_\_\_\_\_(Initials)

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

STATEMENT OF RENEWAL

\_\_\_\_\_(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.

AGREE TO REVIEW

\_\_\_\_\_(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 his/her representatives, along with the Executive Council of OSSD; and the Bishop of the Delaware–Maryland Synod has signed the Letters of Call.

STATEMENT OF APPROVAL FROM YOUR CONGREGATION 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
- 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: \_\_\_\_\_