

FILL OUT THE FOLLOWING APPLICATION ELECTRONICALLY (ONLINE), SAVE IT, THEN EMAIL A COPY TO THE VICARAGE SECRETARY.

SOME QUESTIONS MAY REQUIRE MORE ROOM THAN THE FIELD ALLOWS. YOU CAN USE PAGE 9 TO COMPLETE YOUR ANSWERS. BE SURE TO INCLUDE THE SECTION LETTER AND QUESTION NUMBER BEFORE YOUR ANSWERS.

NOTE: In order to insert your digital picture into this application, you must:

1. Save your digital photo as a PDF file.
2. Then click on the gray box above the “Click to insert a photo of you and/or family” text.
3. Click on the “Browse...” button
4. Navigate to your PDF photo
5. Click “Select” button
6. Click on the “Ok” button.

Your photo should now show up in the image box.



CONCORDIA THEOLOGICAL SEMINARY  
FORT WAYNE, INDIANA

*Teach the faithful.  
Reach the lost.  
Care for all.*

Date \_\_\_\_\_ Applying For:  Fall  Winter  Spring of year \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Off-Campus Street OR Seminary Box Number

City \_\_\_\_\_

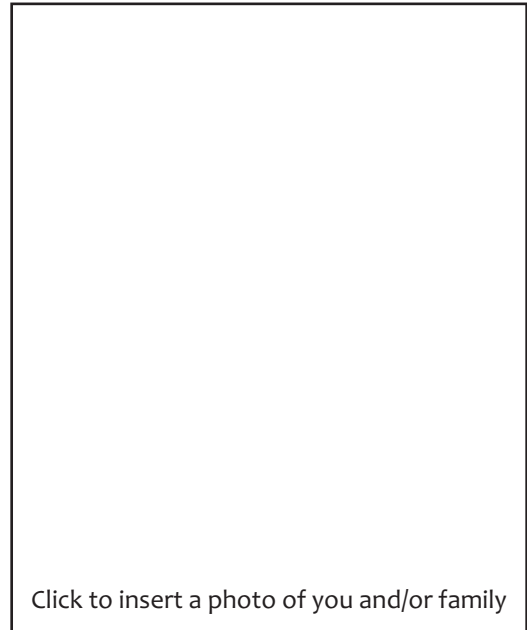
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Town City \_\_\_\_\_ State \_\_\_\_\_

Email Address \_\_\_\_\_



**A. TYPE OF VICARAGE**  Standard M.Div  Delayed  Alternate Route  Colloquy

If Alternate Route, Name of District \_\_\_\_\_

If Alternate Route, do you have any objection to being assigned in this district?  YES  NO

**B. STARTING DATE**

The spring vicarage can start anywhere between **June 1 and September 1**. The fall vicarage usually starts **December 1**. The winter vicarage usually starts **March 1**. Keeping in mind that the earlier you are available, the more assignment possibilities there will be, what is the earliest date you would be available?

\_\_\_\_\_

If after June, state reason: \_\_\_\_\_

### **C. PRESENT CHURCH MEMBERSHIP**

Church Name \_\_\_\_\_ Current Pastor \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Lifelong LCMS Member?  YES  NO  
If No, then LCMS member since (year only) \_\_\_\_\_ Former Denomination \_\_\_\_\_

### **D. MARITAL STATUS (Check all that apply)**

Single (Never Married)  Single (Widowed)  Single (Divorced)

Engaged  
Expected Wedding Date: \_\_\_\_\_

Married (Never Divorced)  Married (Previously Divorced)

Married (Previously Widowed)  Married (Wife Previously Divorced)

Married (Wife Previously Widowed)

Date of Current Marriage \_\_\_\_\_ Date of Prior Divorce \_\_\_\_\_

Date of Death of Prior Spouse \_\_\_\_\_ Date of Wife's Prior Divorce \_\_\_\_\_

### **E. YOUR PARENTS**

Father  Deceased  Living City and State \_\_\_\_\_ Health \_\_\_\_\_

Mother  Deceased  Living City and State \_\_\_\_\_ Health \_\_\_\_\_

### **F. SPOUSE (OR FIANCEE)**

Full Name (including maiden name) \_\_\_\_\_

Age \_\_\_\_\_ Hometown \_\_\_\_\_ Lifelong LCMS Member?  YES  NO

If No, then LCMS member since (year only) \_\_\_\_\_ Former Denomination \_\_\_\_\_

Current Occupation/Employer \_\_\_\_\_

Does she wish to be employed during your vicarage?  YES  NO

Does she wish to continue her education during your vicarage?  YES  NO

Do you understand that your wife and all minor children must accompany you on vicarage and that no commuting by either you or your spouse is allowed unless you are assigned a local vicarage?  YES  NO

## **SPOUSE (OR FIANCEE) PARENT INFORMATION**

Father  Deceased  Living City and State \_\_\_\_\_ Health \_\_\_\_\_

Mother  Deceased  Living City and State \_\_\_\_\_ Health \_\_\_\_\_

## **G. YOUR CHILDREN**

If this is a blended family, please indicate which children are only hers (W), or only yours (H).  
No notation is required for the children of your current marriage. Use current ages/grades. (If you have more than five children, please include them (with required information) on page

Name \_\_\_\_\_  H  W Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_  H  W Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_  H  W Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_  H  W Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_  H  W Age \_\_\_\_\_ Grade \_\_\_\_\_

Total number of children who will reside with you on vicarage: \_\_\_\_\_

Do you homeschool your children?  YES  NO Are your children currently in Lutheran schools?  YES  NO

## **H. YOUR CHURCH WORK EXPERIENCE**

List volunteer church offices and positions you have held:

### **Field Education Placements:**

Fieldwork Church \_\_\_\_\_

Hospital \_\_\_\_\_ Nursing Home \_\_\_\_\_

CPE–Date & Place \_\_\_\_\_

## **I. YOUR EDUCATIONAL BACKGROUND (most recent first)**

College	Dates Attended	Degree	Major
_____	_____ TO _____	_____	_____
_____	_____ TO _____	_____	_____
_____	_____ TO _____	_____	_____
_____	_____ TO _____	_____	_____

**J. LANGUAGES**

Check only those that apply to you. Leave blank if not applicable.

Please indicate whether you are able to **S** - Speak, **R** - Read, or **W** - Write in each column

	Minimal	Competent	Fluent
American Sign Language	_____	_____	_____
French	_____	_____	_____
German	_____	_____	_____
Spanish	_____	_____	_____
Other _____	_____	_____	_____

**K. YOUR EMPLOYMENT BACKGROUND**

List your last three (3) full-time employers. State nature and length of each position, starting with the most recent first.

**Most Recent**

**Previous**

**Previous**

## **L. GEOGRAPHICAL CONSIDERATIONS**

Is there any reason you **could not** serve your vicarage anywhere in the United States?

YES

NO

If Yes, please explain:

Would you be willing to serve in Canada?  YES  NO

I have absolutely NO preference regarding the geographical location of my vicarage.

I DO have a preference regarding the geographical location of my vicarage.  
Listed in order of preference are the states (or districts) I prefer:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

What kind of community context do you prefer? Number in order of preference:

Rural \_\_\_\_\_

Town \_\_\_\_\_

Small City \_\_\_\_\_

Medium City \_\_\_\_\_

Large City \_\_\_\_\_

Megalopolis \_\_\_\_\_

Number the following in order of preference with regard to cities:

Suburban \_\_\_\_\_ Inner-City \_\_\_\_\_ Central City \_\_\_\_\_

Please number these four points in order of importance to you, with one (1) being most important:

Geographical Area \_\_\_\_\_ Housing \_\_\_\_\_

Type of Parish \_\_\_\_\_ Type of Supervisor \_\_\_\_\_

Additional Comments \_\_\_\_\_

## **M. SPECIAL INTERESTS**

Are you interested in special experience of any of the following in connection with your vicarage?

Check all that apply:

Campus Ministry

Nursing Home/Hospital Chaplaincy

Church Planting

Outreach-Minded Parish

Deaf Ministry

Use of Foreign Language

Domestic Cross-Cultural Missions

Use of Musical Talents

Foreign Missions

Other \_\_\_\_\_

North American Missions

If Alternate Route or M. Div. Delayed, are you interested in:

- Convertibility to a sole pastor
- Convertibility to assistant/associate pastor
- Check if convertibility is your first priority in assignment. If not, list first priority:  
\_\_\_\_\_

Would you be willing to serve in a small parish on your own, with an off-site supervisor?       YES       NO

## **N. LITURGICAL/MUSICAL**

1. Are you comfortable with any contemporary liturgical elements?

Explain:

2. Can you chant?       YES       NO      Are you willing to chant?       YES       NO

3. List your musical abilities: \_\_\_\_\_

4. List your wife's musical abilities: \_\_\_\_\_

5. How many non-classroom sermons have you preached? \_\_\_\_\_

## **O. HOUSING AND TRANSPORTATION**

1. What is the **minimum** number of bedrooms you will need? \_\_\_\_\_

2. How much furniture will you be moving? \_\_\_\_\_

3. What size moving vehicle will you need? \_\_\_\_\_

4. Is there anything that prevents a self-move?       YES       NO

If Yes, please explain: \_\_\_\_\_

5. Do you have a valid driver's license as required by the Certification and Placement Committee?       YES       NO

6. Condition of the car(s) you plan to take with you on vicarage: \_\_\_\_\_

7. Are you willing to move into a furnished home or apartment       YES       NO

## **P. PERSONAL INFORMATION**

1. Please list hobbies/special interests:

You \_\_\_\_\_

Spouse \_\_\_\_\_

Children \_\_\_\_\_

2. Do you have a pet?  YES  NO

Pet Type(s): \_\_\_\_\_

3. Many congregations refuse vicars with pets. Are you willing to go on vicarage without your pet?  YES  NO

4. Do you, or a family member, have any health factors limiting the place and type of vicarage?  YES  NO

Explain:

5. Do you understand that the Seminary requires you to carry health insurance for yourself during your vicarage year? Insurance for your dependents is **STRONGLY** encouraged.  YES  NO

6. Is there the possibility (due to your age) that you may be covered for health insurance on your parent(s') plan for all or part of your vicarage year?  YES  NO

7. Is there **any** financial situation that might make it difficult for you to go on vicarage at this time?  YES  NO

Explain:

8. Are there any other special circumstances affecting your vicarage assignment?  YES  NO

Explain:



## **Q. AUTOBIOGRAPHY**

Use this space (only) to summarize the important aspects and events of your life thus far:

## **R. VOCATION**

List three reasons why you desire to be a pastor:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

This space is provided for answers requiring more space than allotted within the form. Please indicate which letter section and question number you are answering.

What kind of supervision would be most helpful to you and why?

What are your goals for vicarage?

What are your personal goals?