

EVANGELICAL LUTHERAN CHURCH IN AMERICA
CENTRAL STATES SYNOD



Candidate Referral Form

Candidate
Name _____

Current Congregation/Ministry _____ City _____ State

Phone (Optional) _____

How did you hear about this person?

Do you personally know this individual? _____ Yes _____ No

If yes, please summarize why you feel this individual would be a strong candidate for our congregation:

As far as you know, has this individual expressed an interest in the position at our congregation?

_____ Yes _____ No

Have you or someone you know had discussions with this individual about the position at our congregation? _____ Yes _____ No

If yes, please summarize the information shared during your discussion. (Optional)

NOTE: Once your referral is made, please support the confidentiality and integrity of the call process by allowing the Call Committee and Synod to have exclusive contact with the candidate for any matters related to our congregational call.