



Augustana District, LCMC

Application for provisional Interim Pastors

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____ Phone: _____

I am available for: Part-time Interim Full - time Interim Either

I am: A lay person A Pastor, and I am listed/rostered:

I have the following geographic constraints:

Education Received:

Work History:



Briefly describe what you believe to be the role of an Interim Pastor:



Briefly describe what abilities and gifts you possess that would benefit a congregation transitioning through an interim and a call process:

Who are your favorite and most influential theologians, and why?

Reflect theologically and homiletically on the following quotation:

"... Erasmus sought to kill what Luther called 'our cause' by making it a mere reformation of the church. When Luther referred to 'our cause,' however, he was ... referring to the work of the triune God, no less, and specifically the cause of the Holy Spirit to make life where there is only death. Luther was convinced by Scripture and reason that the Holy Spirit worked by means of preachers who proclaimed salvation in Christ apart from the law by faith alone."
Steven Paulson in the Forward of Gerhard O. Forde's, *The Captivation of the Will* (Grand Rapids: Wm. B. Eerdmans, 2005), ix.



List at least three references (please include contact information)

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

"I give my permission for the Augustana District to perform a background check on me; I subscribe to the constitutions, bylaws, and statements of faith of the Augustana District and LCMC; And I attest that the information in this application is true."

Signature: _____

Date: _____

Social Security Number: (Optional) _____

Snail Mail to:

Augustana District
335 Main St. S
Hutchinson MN 55353

Online Form Submission:

<https://augustanadistrict.org/church/pastoral-services/pulpit-supply-interim-pastor-info/>

Note: File size is limited to 2MB in .pdf or .zip format

If you have any questions, please contact 320.587.2093
or email us at office@augustanadistrict.org



Background Check Release

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Social Security Number: _____

Please list all states and countries in which you have ever lived:

I hereby authorize the release to _____, congregation where I am seeking a call, of any information held by parties regarding my prior employment, criminal, credit, driving, workers compensation and educational history as well as information regarding my general character and reputation. I release any providers of this information from any liability for such information. I agree that falsification of information I provide may make me ineligible for employment or call and subject to immediate dismissal if hired or called. I further acknowledge that this congregation is relying on third-party information and I therefore release this congregation, its district and the association from any and all liability arising out of errors or omissions.

Signature: _____

Date: _____