

Application Companion Trip

ELCA East Central Synod of Wisconsin to the ELCSA Western Diocese.

This application establishes your readiness to represent your congregation, Conference, the East Central Synod of Wisconsin and the ELCA.

BASIC DATA

Last name	First	MI
Address		
City	State	Zip Code
Home Phone	Work Phone	E-mail
Passport Number		

Please consider your reasons for going on this Companion Trip and how it will benefit you personally, your congregation, and perhaps your Conference and Synod. This information will be helpful for your companions.

Describe your reasons for wanting to visit your matched parish in the Western Diocese of ELCSA (Evangelical Lutheran Church in Southern Africa):

Our companion synod relationship is one of accompaniment, i.e. walking together. Please share examples of how this accompaniment might benefit your congregation and deepen your individual and your congregation's relationship with our brothers and sisters in South Africa:

List your travels outside of the United States and your experience, background and skill level in relating in another culture.

Suggest ways you are interested or might be able to share this experience with other members of your congregation, conference, or synod once you are home (for example, with church or community groups).

Please share information about yourself that will assist your host parish to place you with people who may share some of your interests.

Your family: _____

Your schooling _____

Your career and places of work: _____

Your gifts, skills and abilities: _____

Your hobbies and personal interests: _____

Your involvement in the church _____

Your faith story: _____

Your Health Information

General health: _____

Excellent

Good

Fair

Do you have any:

Allergies?

Dietary restrictions or food allergies?

Physical challenges?

Emotional challenges?

If yes, explain: _____

Are you currently under a doctor's care and/or receiving prescribed medication of which we should be aware?

Yes

No

If yes, please explain and list medications: _____

Are you interested in medical insurance coverage while in South Africa? (check with Travel Agent)

Yes

No

If so, who is your medical insurance provider? _____

Have you visited with your doctor about your trip to South Africa and are you up to date on all your immunizations needed for this trip?

Yes

No

Please list any concerns of your doctor: _____

Are there any other special considerations those hosting you or traveling with you should know about?

Yes

No

If yes, please list: _____

***Name of Emergency Contact** _____

Phone number: _____ Email: _____

APPLICANT REFERENCES

Name of your Home Congregation: _____

Address of congregation: _____

Pastors' Name(s): _____

Home congregation's email: _____ Phone Number: _____

Web site: _____

How will you use the applicant's experience when he/she returns? _____

In what ways will your congregation support this applicant? _____

Pastor's signature _____

Congregation president's signature _____

APPLICATION TO BE SENT TO THE FOLLOWING:

1. Home congregation and pastor - as listed above
2. Name of your companion Parish in South Africa: _____
Address of your companion Parish: _____
If known - name of the Pastor of your companion Parish: _____
If known - name of identified contact person in your companion Parish: _____
If known - contact Email in the Parish: _____
If known - contact Phone Number in the Parish: _____
3. Name of your Conference in the East Central Synod of Wisconsin: _____
Name and address of your Conference Dean: _____
Dean's Email: _____
4. Name of your companion Circuit in the Western Diocese: _____
Name of Dean of your companion Circuit: _____
Dean's Phone Number: _____
Dean's Address: _____

Acceptance of Expectations

Dear Bishop Mansholt,

I have prayerfully considered the opportunity to visit our companion in the Western Diocese including the companion Parish matched with the congregation at which I worship.

I understand and agree with the expectations stated on the synod website.

I will participate in the orientations both in our Synod and in the Western Diocese, and I will seek to prepare myself for this participation in the Body of Christ both in learning and appreciating their faith and culture and also in representing my congregation, Conference, Synod, and the ELCA.

Applicant's name: _____

Date: _____

This application will be shared with the Western Diocese and with your companion parish and circuit.

Mail this completed Application with your Registration Form to:

**Registrar – Nancy Salzwedel
East Central Synod of Wisconsin
16 Tri-Park Way
Appleton, WI 54914**

Or scan and email to: nancy.salzwedel@ecsw.org

Questions – phone: (920) 734-5381

Due by January 31, 2018:

- 1. \$500 down payment**
- 2. Registration Form** (with choices on flight and safari)
- 3. Application** (this 5 page application)

Plus if you choose: 50% down for safari
full payment for airfare if choose Chicago flight