

# 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](mailto: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**