



# ELCA Coaching

## Evangelical Lutheran Church in America

God's work. Our hands.

### LEVEL 1 COACH TRAINING REFERENCE & APPROVAL

Vocation and sense of call are deeply woven into the fabric of our life as a community of faith. In relationship to the Coaching Ministry of the ELCA, this manifests itself as the “sense of call” an individual feels to train as a coach **and** the support and affirmation of this call by synodical and congregational leaders.

Identifying strong candidates for the ELCA Level 1 Basic Skills Coach Training is imperative to the success of the individual, the sustainability of the coaching ministry, and – most importantly – the fulfillment of our call to serve others well utilizing this wonderful skill. This application will assist in vetting individuals for training in the skill of coaching. This is also an intentional step for ELCA Coaching Ministry to collaborate with synods as they engage coaching and leverage this skill to support the work and ministry in their context.

The following individual has applied to train as an ELCA Coach. Please complete this form and return to [info@elcacoaching.org](mailto:info@elcacoaching.org). Individuals will then be given the registration link for ELCA Level 1 Basic Skills Coach Training, following a positive referral from their home synod. Confidential matters can be sent to ELCA Coordinator of Coaching, Jill Beverlin: [jill.beverlin@elca.org](mailto:jill.beverlin@elca.org).

Coach Training Applicant

Name: \_\_\_\_\_ (First) \_\_\_\_\_ (Last)

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Congregation Name: \_\_\_\_\_

Congregation City, State: \_\_\_\_\_

#### REFERENCES FOR COACH APPLICANT

Please answer the questions on the following page and sign if you approve of this individual training as a coach and serving as a coach in your synod.

**Synod Director of Evangelical Mission or Synod Coach Coordinator:**

What strengths does this individual bring to coaching?

What concerns do you have around this individual training as a coach and/or being a coach in your synod?

What else would be helpful for us to know about this individual?

I have read the guide to coach vetting for synod staff:      Yes      No

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**Synod Director of Evangelical Mission or Synod Coach Coordinator**

Name:

Phone:

*(Typed name signifies your approval of this person going through coach training and representing the ELCA as a coach thereafter)*

Email:

**Bishop's Signature:** \_\_\_\_\_

*(Signature signifies this person is in good standing and would be a welcome ministry partner in the synod)*

**Bishop's Written Name:**



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