

# Candidate Application Form

To fill the position of  
**Assistant to the President**  
**Iowa District West, LCMS**

Name:

Street Address:

City/State/Zip:

Phone Number:

I am willing to be considered for the position:

Yes     No

I am a member of (name of congregation):

Address:

Synod District:

Circuit Visitor:

Address:

### Three References:

Name:

Mailing Address:

Phone:

Email address:

Please return to:

The Office of District President  
Iowa District West, LCMS  
409 Kenyon Road, Suite B  
Fort Dodge, IA 50501

Email: [jill@IowaDistrictWest.org](mailto:jill@IowaDistrictWest.org)

Fax: 515-576-2323

Print/Type Name:

Street:

City, State, Zip:

Phone Number:

Date:

Signature: