**Application Form for…**

*(mark two—“1st” choice and “2nd” choice)***:**

 **Application Approval and Communication Team**

 **Completion of Training Review Team**

 **New Presentations Development Team**

 **Field Experience Support and Review Team**

 **Spiritual Care Training Committee Member**

**Personal and Contact Information:**

Name:

Title:

Occupation:

Home Address:

Cell phone: Land line:

E-mail Address:

**Church Membership Information:**

Church Name:

City/State:

Mission District:

**Answer the following questions. Please be brief.**

1. In less than 200 words, briefly state what key training and experience you bring to this ministry?

2. In less than 200 words, describe your sense of calling to this particular ministry:

3. What Bible passage will inspire as you participate in this ministry? In less than 200 words, briefly

 explain.

**When you are finished, send your application as an attachment to:** zornowg@yahoo.com