

## "Loving the Questions"

## **Application Form**

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Contact Information		
Name		
Street Address		
City ST ZIP Code		
Preferred Phone		
Secondary Phone		
E-Mail Address		
Parish		
I am applying for (checkCommunity of Education aCommunity of Discernmen Current and Past Ministr	and Formation nt	riences
Check all that apply.	ies/i offilationExpe	Herioes
Vestry/Warden		LEM/LEV
Lay Preaching		Leader of Adult Formation
Spiritual Retreats		Bible Studies
Church School		Education for Ministry
Leader of Adult Formation	I	Altar Guild
Mission Committee and /o	r Mission Work	Youth Formation Work
Other: Pleaselist:  Ministry Experience  Briefly describe which of the a		ve been the most meaningful for you and why.

Areas of Interest  Please list and describe any areas of ministry you would be interested in exploring. (Not limited to those listed). What gifts and talents do you wish to use, stretch and/or explore?		
Statement of interest		
Describe your interest in the Loving the Questions program and what you would hope to gain from participating.		
Person to Notify in Case	of Emergency	
Name		
Street Address		
City ST ZIPCode		
Home Phone		
Work Phone		
E-Mail Address		
Our Policy		
No one shall be denied rights, status or access to an equal place in the life, worship, and governance of this Church because of race, color, ethnic origin, national origin, marital status, sex, sexual orientation, gender identity and expression, disabilities or age, except as otherwise specified by Canons.		
Food Allergies		

Please submit with a letter of reference from your rector (may be sent separately) and the \$200 registration fee (checks written to Episcopal Diocese of Western MA) by August 21st.

Return to: Diocese of Western Massachusetts, ATTN: The Rev. Jennifer Gregg, 37 Chestnut Street, Springfield, MA 01103-1787

Thank you for completing this application form and for your interest in joining us on this new and exciting journey.