



diakonia™

Application for Enrollment

Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone Number (_____) _____

Work Telephone Number (_____) _____

Cell Phone Number (_____) _____

Email _____

Congregation _____ Location _____

ELCA LCMS Other _____

Length of Time at this Congregation _____

Highest School Grade Completed _____

Briefly describe those ministries in which you are currently involved, or with which you hope to be involved in the future; use the back of this page if necessary.

Your Signature _____ Date _____

Your Pastor's Signature _____ Date _____

(Please note: a non-refundable \$25 registration fee must accompany this application. Please contact your local synod to determine who should receive the check.)