



# PARTICIPANT APPLICATION FORM

Today's date: \_\_\_\_\_

## PERSONAL DATA

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Street address: \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Email: \_\_\_\_\_

## CONGREGATION AND MINISTRY INFORMATION

Religious Affiliation:  LCMS  Other: \_\_\_\_\_

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

Street address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Preferred size of house:  2 people  4 people  4+ people

Do you have a driver's license?:  Yes  No

Do you plan to bring a personal car?:  Yes  No

Preferred Length of Service:  10 months  10 weeks (summer)  Both (if possible)

Geographical Preference:  St. Louis  New Orleans  Milwaukee  Minneapolis/St. Paul  
 No Preference

Do you have relatives employed by or serving with the LCMS?  Yes  No If Yes, Name(s): \_\_\_\_\_

Have you ever been convicted, pleaded guilty or "no contest" to any crime, other than traffic violations?

Yes  No If yes, please explain: \_\_\_\_\_

Have you ever been discharged or asked to resign by a previous employer?

Yes  No If yes, please explain: \_\_\_\_\_

Have you ever been disciplined for tardiness or absenteeism by a previous employer?

Yes  No If yes, please explain: \_\_\_\_\_



How did you hear about us?     Social Media     Campus Ministry     Internet Search  
 Conference (Which One?) \_\_\_\_\_  
 Family Member     LCMS Publication     Other: \_\_\_\_\_

Who else do you know who is applying to Lutheran Young Adult Corps? \_\_\_\_\_

**EDUCATIONAL INFORMATION**

| School Name            | Attended                     | Graduated                    | Year Graduated | Degree/Major/School |
|------------------------|------------------------------|------------------------------|----------------|---------------------|
| _____                  | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | _____          | _____               |
| HIGH SCHOOL            |                              |                              |                |                     |
| _____                  | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | _____          | _____               |
| TECHNICAL/TRADE SCHOOL |                              |                              |                |                     |
| _____                  | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | _____          | _____               |
| COLLEGE/UNIVERSITY     |                              |                              |                |                     |
| _____                  | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | _____          | _____               |
| GRADUATE/PROFESSIONAL  |                              |                              |                |                     |

**EXTRACURRICULARS/SPORTS/OTHER EXPERIENCES**

*Please list any extracurricular activities, sports or other leadership activities.*

| Date  | Location | Brief Description of Activity |
|-------|----------|-------------------------------|
| _____ | _____    | _____                         |
| _____ | _____    | _____                         |
| _____ | _____    | _____                         |
| _____ | _____    | _____                         |

**CROSS CULTURAL EXPERIENCE**

*Please list any significant cross-cultural experience you have had. Include any foreign language skills here.*

| Date  | Location | Brief Description of Activity/Language Skill |
|-------|----------|--|
| _____ | _____    | _____  |
| _____ | _____    | _____  |
| _____ | _____    | _____  |
| _____ | _____    | _____  |

## VOLUNTEER EXPERIENCE

*Please list any significant volunteer experience you have had.*

| Date  | Location | Brief Description of Activity/Language Skill |
|-------|----------|--|
| _____ | _____    | _____  |
| _____ | _____    | _____  |
| _____ | _____    | _____  |
| _____ | _____    | _____  |

## EMPLOYMENT EXPERIENCE

*Please provide your employment history for your last two positions.*

Most Recent Employer: \_\_\_\_\_ Are you currently working for this employer?  Yes  No

Street address: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Are you currently working for this employer?  Yes  No

Street address: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Street address: \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

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

## ADDITIONAL INFORMATION

Please write 300-500 words to describe why you want to serve with Lutheran Young Adult Corps and how you hope it will impact your faith. (Can be attached in a separate document.)

Please list any financial, family or personal obligations or situations which might interfere with your commitment to Lutheran Young Adult Corps (e.g. loans, weddings, graduations, sick family member, graduate school).

Please list anything about yourself which might affect your ability to participate in any aspect of the program as you understand it.

Have you ever served as a Young Adult Volunteer for the LCMS Youth Gathering or participated in an LCMS servant event? If so, please list your experiences.

May we share information with the Concordia University System?  Yes  No

Each site will have a focus of faith, service and community based on the strengths and needs of their community. While this is not an extensive list, please mark ALL the topics that interest you:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> immigrant communities             | <input type="checkbox"/> administrative work            | <input type="checkbox"/> servant event leadership |
| <input type="checkbox"/> children's ministry               | <input type="checkbox"/> campus ministry                | <input type="checkbox"/> mentoring                |
| <input type="checkbox"/> after-school programs             | <input type="checkbox"/> disaster relief                | <input type="checkbox"/> homeless ministry        |
| <input type="checkbox"/> inter-generational ministry       | <input type="checkbox"/> soup kitchen/food distribution | <input type="checkbox"/> arts and music           |
| <input type="checkbox"/> developmental disability programs | <input type="checkbox"/> social media/communication     | <input type="checkbox"/> volunteer management     |
| <input type="checkbox"/> youth ministry                    | <input type="checkbox"/> agriculture and gardening      | <input type="checkbox"/> community engagement     |

### REFERENCES

*Please list three persons we may contact as references. Please list them based on the designations of Pastor, lay leader or staff member from your church, and a professional or education reference. We will contact them via email with a form once you finish your application. Do not include relatives for your final two references.*

#### Pastor Reference

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Length of Acquaintance: \_\_\_\_\_  
Street address: \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

#### Lay Leader or Staff Member of Congregation Reference

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Length of Acquaintance: \_\_\_\_\_  
Street address: \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

#### Educational and Professional Reference

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Length of Acquaintance: \_\_\_\_\_  
Street address: \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

**Please Read Before Signing.** If you have any questions regarding this statement, please call 888-248-1930, Ext. 1158 and ask for Julianna Shults.

This organization does not discriminate on the basis of race, color, national origin, sex, age or disability for service opportunities. Because we are a church body, The Lutheran Church—Missouri Synod retains the right to give preference to persons who are members in good standing of an LCMS congregation. It is understood that this application is not an obligation to provide volunteer service opportunity. The application will be kept active for one year and must be renewed to be active for a longer period. I hereby certify that the statements made in this application are true and complete, to the best of my knowledge, and I authorize investigations of those statements. I understand that all volunteers of the LCMS are expected to respect the official doctrines of the LCMS and pursue lifestyles that are morally in harmony with its teachings. I waive my rights to view the references provided by the individuals listed above. I agree that I have read and understand the above acknowledgements and agreements.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Background Check Authorization**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver License Number and State: \_\_\_\_\_ SSN: \_\_\_\_\_

The information contained in this authorization form is correct to the best of my knowledge. I hereby authorize The Lutheran Church—Missouri Synod and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for volunteer purposes. I understand that the scope of the consumer report/investigative report may include, but is not limited to, the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records; birth records; and any other public records.

I further authorize any individual company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to The Lutheran Church—Missouri Synod or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release The Lutheran Church—Missouri Synod, the Social Security Administration and its agents, officials, representative, or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages or whatever kind, which may, at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to release.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_