



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: _____