

How would people who know you, describe the way that you relate to others?

Are you willing to commit to 2 years of service in this ministry?

Please provide two references:

Name:_____ **Name:**_____

Relationship:_____ **Relationship:**_____

Phone #:_____ **Phone #:**_____

Have you ever-received treatment for any emotional or psychiatric problem? If yes, explain.

Have you ever been convicted of a crime? If yes, explain.

Signature:_____ **Date:**_____

Please submit completed form to:
Mary Katherine Schnitz
St. Luke's United Methodist Church
100 West 86th St., Indianapolis, IN 46260