IYC Application 2017-2018

Please complete this form, and have your references sent by June 12, 2017

First 1	Name:			Last	Name:
Local	Congregation:				
Email	Address:				
					Gender: ☐Male ☐Female
Essay	/S				
	e answer each o if needed.	f the follo	wing as c	completel	y as you can. You may use extra
1.	What leadershi	ip experie	nce do yo	ou have in	your home congregation?
2.	What are your	strengths	and weak	inesses as	a leader?
3.	Why are you in	nterested i	n serving	on IYC?	

References

Please submit three references to support your application. One reference must be from your minister and one must be from a family member, the third reference can be anyone of your choosing. The minister and family member references should both include an affirmation of the Church and your family's willingness to support you in this ministry in both spiritual and practical ways. Please indicate below the name of each reference.

 Ministerial Reference Family Reference 					
3. Reference					
Applications and references may be submitted					
by email to:	or	by mail to:			
Maggie@indianadisciples.org		Christian Church in Indiana			
		Attn: Rev. Archibald			
		1100 W. 42 nd Street, Suite 150			
		Indianapolis, IN46208			