

Walk of Faith: How are you involved in your local church? What spiritual practices do you regularly engage in? What acts of service do you engage in?

References: Please list three individuals who are not related to you by blood or marriage as references. Please list people who have known you for at least three years.

Name:
Address:
Daytime Phone:
Evening phone:
Length of time you have known reference:
Relationship to reference:

Name:
Address:
Daytime Phone:
Evening phone:
Length of time you have known reference:
Relationship to reference:

Name:
Address:
Daytime Phone:
Evening phone:
Length of time you have known reference:
Relationship to reference:

Waiver and Consent:

I, _____, hereby certify that the information I have provided on this application is true and correct. I authorize the Upper NY Conference to verify the information I have provided on this application by contacting the references and/or employers I have listed, by conducting appropriate background checks, or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give whatever information they may have regarding my character and fitness for ministry on the Imagine No Racism District Team. I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

Signature of Applicant Date