

Metropolitan Chicago Synod Diakonia Program

Enrollment Application

Name: _____	
Address: _____	
City/State/ZIP: _____	
Home Phone: _____	Work Phone: _____
Cell Phone: _____	Email: _____

Congregation: _____

ELCA LCMS Other _____
(If <Other>, please describe)

Length of time at current congregation: _____

Highest School Grade Completed: _____

Preferred Diakonia Location: _____

I have informed my pastor that I am interested in the diakonia program.

Your Pastor's Signature: _____ Date: _____

Briefly describe those ministries you care currently involved in, or hope to be involved with in the future. _____ _____ _____ _____
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By signing below, I agree that the Metropolitan Chicago Diakonia Steering Committee and/or the Diakonia national board shall, at their sole discretion, have both the authority and the duty to take disciplinary action whenever the behavior of any student(s) materially interferes with or substantially disrupts maintenance of a proper learning atmosphere within the program, up to and including expulsion of any offending student. Additionally, I agree that my name, address, phone number and other contact information may be distributed to classmates and other churchwide and synod agencies as may be deemed necessary by the Steering Committee or the national board. I also agree that photographs taken during the diakonia program may be used for publicity purposes.

Your Signature: _____ Date: _____

Please note: A nonrefundable registration fee of \$25 must accompany this application. Please make checks payable to *diakonia* and mail to:

Diakonia
c/o Rebecca Dahlstrom
1117 Erie Street
Oak Park, IL 60302