



Michigan District, LCMS

Ministry Assistant Information Form

Name: _____

Congregation Serving: _____

Are you a member of the above congregation? Yes No

If no, indicate current congregational membership _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ Cell Phone: _____

Home Phone: _____ Email: _____

Work Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____

Date of Birth: _____ Place of Birth: _____

Marital Status: _____ Date of Marriage: _____

Name of Spouse: _____ Spouse's Birth Date: _____

Education:

College: _____

Degree & Year Graduated: _____

College: _____

Degree & Year Graduated: _____

Work Experience:

Current Occupation: _____

Congregational Experience:

Congregation Served: _____

Location & Dates: _____

Congregation Served: _____

Location & Dates: _____

Congregation Served: _____

Location & Dates: _____