



ADAPTIVE CHANGE APPRENTICE APPLICATION

APPLICANT INFORMATION

LAST NAME		FIRST NAME		
STREET ADDRESS				
CITY		STATE	ZIP	
PHONE		EMAIL		
CONGREGATION AFFILIATION		RE	TE	MBTI

MINISTRY EXPERIENCE

DESCRIBE YOUR MINISTRY HISTORY AT CONGREGATIONAL LEVEL
DESCRIBE YOUR MINISTRY HISTORY AT PRESBYTERY LEVEL

READINESS TO SERVE

DO YOU HAVE KNOWLEDGE OR EXPERIENCE OF ADAPTIVE CHANGE? (NOT A PREREQUISITE)
WHAT DO YOU HOPE TO GAIN FROM THIS EXPERIENCE?