



## I-K Synod Diakonia Program Enrollment Application

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

Current Congregation: \_\_\_\_\_

Length of time at current congregation: \_\_\_\_\_

Your Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Conference: \_\_East Central \_\_Lafayette \_\_Indianapolis \_\_Unsure

Highest Grade of School Completed: \_\_\_\_\_

Briefly describe those ministries in which you currently participate and/or or those in which you hope to participate. _____ _____ _____ _____
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By signing below, 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:

Tom Stempson, Regional Administrator  
Diakonia  
c/o Messiah Lutheran Church  
801 S Green St  
Brownsburg, IN 46122

For additional information, visit: [iksynod.org/Ministries/Diakonia/diakoniamain.html](http://iksynod.org/Ministries/Diakonia/diakoniamain.html)