



diakonia

...equipping the saints for diakonia; building up the Body of Christ (Eph. 4:12)

Application for enrollment

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Home phone: _____ Cell: _____ Work: _____

Congregation _____

ELCA LCMS Other (please describe) _____

Length of time at this congregation _____

**Briefly describe ministries in which you are currently involved,
or hope to be involved with in the future**

I have discussed my intention to enroll in diakonia with my pastor.

Pastor's signature _____ **Date** _____

By signing below, I agree that the MNYS diakonia Steering Committee shall, at their sole discretion, have both the authority and 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 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 National Board. I also agree that photographs taken during the diakonia program may be used for publicity purposes.

Student's signature _____ **Date** _____

*Please note: a non-refundable registration fee must accompany this applications.
Make checks payable to "Gustavus Adolphus Lutheran Church"*

Mail to: Gustavus Adolphus Lutheran Church
155 E. 22nd Street, New York, NY 10010
212.674.0739
ga.church@verizon.net www.gachurchnyc.org
Rev. Chris Mietlowski
pastorchris155@gmail.com
Cell: 646.341.1226