

PARISH MINISTRY ASSOCIATE PROGRAM
Ministry Interests Summary

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ (H) _____ (C) _____ (W)

Email _____

Original Certification Year _____

My ministry interest are

Willing to travel _____ miles or _____ minutes from home

Willing to do pulpit supply _____ yes _____ no

Willing to be considered for assignment for Word and Sacrament _____ yes _____ no

Willing to be away from home if assigned _____ yes _____ no

If yes, willing to be away from home for _____ days at a time

Signature

Date

Send form to:

PMA Office
PO Box 1462, North Platte, NE 69103-1462
or pma@nebraskasynod.org

If you have any questions, contact the PMA office: 308-532-0250 ext. 4 or pma@nebraskasynod.org