

# TRINITY LUTHERAN CHURCH TRANSITION TEAM APPLICATION

STILLWATER, MINNESOTA

## PLEASE TYPE OR PRINT

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Occupation \_\_\_\_\_

2. How long have you been a member of Trinity Lutheran Church? \_\_\_\_\_

3. Please indicate your age bracket as well as gender: M \_\_\_\_\_ F \_\_\_\_\_

\_\_\_\_\_ 16-30 years old

\_\_\_\_\_ 31-45

\_\_\_\_\_ 45-60 years old

\_\_\_\_\_ 61+ years

4. Please indicate what your involvement is or has been at Trinity Lutheran Church.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please tell us why you wish to be considered for this Transition Team and any special talents or perspectives you have that make you well suited for this role.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please share with us anything else about yourself that you would like.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you! Please return your completed application to the church office by Sunday, Sept. 27.