



MCC ECUMENICAL & INTER-FAITH ADVISORY COUNCIL APPLICATION

Name		
Address		
City		State/Territory
Nation		Postal Code
Email		Mobile Phone
Time Zone		

My primary racial/ethnic self-identity is:

- | | |
|---|---|
| <input type="checkbox"/> African descent | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> European descent | <input type="checkbox"/> First Nations |
| <input type="checkbox"/> Latinx/Hispanic | <input type="checkbox"/> Other _____ |

My primary gender self-identity is:

- | | |
|--|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Intersexed |
| <input type="checkbox"/> Male | <input type="checkbox"/> Gender Nonconforming |
| <input type="checkbox"/> Transgendered | <input type="checkbox"/> Other _____ |

My age group is:

- Under 35 35-49 50+

My religious/faith background and experiences include: (please list all that apply and be specific as possible, for example: Christian-Roman Catholic, Reformed Judaism, Unitarian Universalism)

I am usually available for phone calls and meetings during these times: (list in your time zone)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9am – 11am							
11am – 1pm							
1pm – 4pm							
4pm – 6pm							
6pm – 9pm							

What gifts and skills would you offer to the council? Please include both your interests and experiences.

Why are you interested in serving on this council as it relates to MCC?

Please list two references other than relatives and employers. One reference needs to be your pastoral leader/advisor.

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All members of the Advisory Council are required to consent to a background check and to sign the MCC Code of Conduct. Are you willing to do both?

Yes

No

Name (typed name serves as your signature)

Date

Submit the completed application to:

RevJohnMcLaughlin@gmail.com

PLEASE SUBMIT BY JUNE 15, 2013