



Vocations Inquiry Request

All replies will be kept strictly confidential

Your Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip/ Postal code: _____

Country: _____ E-mail: _____

Evening Phone Number: _____

Date of Birth: _____ Marital Status: _____

Present Church Affiliation: _____

Are you willing to submit to a background check? _____

Please return this form to:

Vocations Director—ACCUS
2571 S 89th St
Milwaukee, WI 53227

Or bishopwjohanson@wi.rr.com