Coastal Bend Mission Center
Exploration Program #2

Application Form

Name: _____

Address: _____

Home Phone: _____ Alternate: _____

Email Address _____

Congregation: _____ Current Pastor: _____

Education: _____

Ministry Experience (membership/leadership roles; priesthood; community outreach; etc.): _____

_____

Please provide a short answer to the following questions:

1. What interests you about participating in the CBMC Exploration Program?

2. What are your expectations of the Program?

3. What do you hope to gain from your participation in the Program?

Submit, no later than September 30, 2008, to:
Kathy Wingard
C/O Live Oak Community of Christ
P.O. Box 16685
Sugar Land, TX 77496-6685