



# First District Responders Application



Thank you for your interest in serving as a First District Responder for the Bi-Centennial Celebration and the 2016 General Conference. Completing this application will assist the General Chairpersons and Committee Chairperson in matching your gifts, talents and experience to the needs of this historic event. \*\*Applications may also be submitted through the 1<sup>st</sup> District Website (([www.firstdistrictame.org](http://www.firstdistrictame.org)))\*\*

### Personal Information:

Prefix/Title: <input type="checkbox"/> Bishop <input type="checkbox"/> Supervisor <input type="checkbox"/> General Officer <input type="checkbox"/> Presiding Elder <input type="checkbox"/> Rev. Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> Deaconess <input type="checkbox"/> Evangelist <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Other _____		
Last Name:	First Name:	Middle Initial:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Suffix <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> Other _____
Age: <input type="checkbox"/> 16-25 <input type="checkbox"/> 26 – 65 <input type="checkbox"/> 66 +		
Mailing Address:		
Email Address <sup>1</sup> :		
Home Phone Number:		Mobile Phone Number:
Best way to contact you? <input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone		Best time to contact you? <input type="checkbox"/> Mornings <input type="checkbox"/> Evenings <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends

### Church Information:

Church Name:	Church Address:
Pastor's Name:	Presiding Elder District:
Annual Conference: <input type="checkbox"/> Bermuda <input type="checkbox"/> Delaware <input type="checkbox"/> Philadelphia <input type="checkbox"/> New England <input type="checkbox"/> New Jersey <input type="checkbox"/> New York <input type="checkbox"/> Western New York	
Church Phone Number:	Church Email Address:

<sup>1</sup> By providing your email address, you agree to receive emails & updates from the First Episcopal District regarding the Bi-Centennial Celebration and the General Conference

## General Information:

Have you ever attended a General Conference?	
<input type="checkbox"/> Yes, as an observer	<input type="checkbox"/> Yes as a delegate/alternate <input type="checkbox"/> No
Are you willing to submit to a background check, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you speak any other languages fluently? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which language (s) ? _____	

## Ministry and Service Experience:

Please check all areas of ministry and service that apply

<input type="checkbox"/> Usher/Marshall	<input type="checkbox"/> Greeter/Hospitality
<input type="checkbox"/> Choir	<input type="checkbox"/> Armor Bearer/Adjutant/Attendee
<input type="checkbox"/> Stewardess	<input type="checkbox"/> Office/Administration
<input type="checkbox"/> Finance	<input type="checkbox"/> Media (Audio/Video)
<input type="checkbox"/> Dance Ministry	<input type="checkbox"/> Prayer Ministry
<input type="checkbox"/> Historian	<input type="checkbox"/> Children's Ministry
<input type="checkbox"/> Young Adult Ministry	<input type="checkbox"/> Youth Ministry
<input type="checkbox"/> Transportation	<input type="checkbox"/> Deaf Ministry/Hearing Impaired
<input type="checkbox"/> Women's Missionary Society	<input type="checkbox"/> Outreach
<input type="checkbox"/> Newsletter/Publications	<input type="checkbox"/> Other Ministerial Staff (Deacon, Evangelist)
<input type="checkbox"/> Ordained Elder (Local or Itinerant)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Nursing Ministry	

## Personal and Occupational Experience

Please check all of the areas that apply

<input type="checkbox"/> Finance/Banking/Accounting	<input type="checkbox"/> Healthcare/Wellness/Fitness
<input type="checkbox"/> Education	<input type="checkbox"/> Travel/Tourism/Transportation
<input type="checkbox"/> Marketing/Sales	<input type="checkbox"/> Secretarial/Data Entry/Filing
<input type="checkbox"/> Athletics	<input type="checkbox"/> Human Resources/Recruiting
<input type="checkbox"/> Law	<input type="checkbox"/> Sponsorship/Grant Writing
<input type="checkbox"/> Law Enforcement/Security	<input type="checkbox"/> The Arts (Music/Visual/Dance/Written)
<input type="checkbox"/> Logistics	<input type="checkbox"/> Printing/Publications/Journalism
<input type="checkbox"/> Photography	<input type="checkbox"/> Interpreter
<input type="checkbox"/> Seamstress/Fashion/Textiles	<input type="checkbox"/> Food Service/Catering/Bakery
<input type="checkbox"/> Hospitality/Customer Service	<input type="checkbox"/> Communications/Broadcasting
<input type="checkbox"/> Information Technology/Social Media	<input type="checkbox"/> Programming/Software
<input type="checkbox"/> Religion/Ecumenical Affairs	<input type="checkbox"/> Custodial/Janitorial
<input type="checkbox"/> Supervision/Management	<input type="checkbox"/> Interior Design/Decorating
<input type="checkbox"/> Special Needs/Disabilities	<input type="checkbox"/> Historian/Research/Scholarship
<input type="checkbox"/> Politics/Government	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Event Planning	<input type="checkbox"/> Medical/Nursing
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**What do you understand your gifts, talents and skills to be?**

Please check all of the areas that apply

<input type="checkbox"/> Encouragement/Team Building	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Administration
<input type="checkbox"/> Faith/Prayer/Intercession	<input type="checkbox"/> Serving	<input type="checkbox"/> Leadership
<input type="checkbox"/> Multi-tasking/Organization	<input type="checkbox"/> Giving	<input type="checkbox"/> Music/Arts
<input type="checkbox"/> Advanced Computers skills	<input type="checkbox"/> Interpersonal	<input type="checkbox"/> Stewardship
<input type="checkbox"/> Communications (Spoken/Written)	<input type="checkbox"/> Strategic Thinking	<input type="checkbox"/> Editing/Proofreading
<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Sales/Marketing	<input type="checkbox"/> Helps/Helping
<input type="checkbox"/> Working with Children	<input type="checkbox"/> Patience	<input type="checkbox"/> Detail Oriented
<input type="checkbox"/> Technology/Social Media	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Basic Computers skills	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Committee Preferences:**

While every effort will be made to put you on the committee(s) in which you desire to serve, our priority will be to place persons on committees according to their gifts, talents and experiences:

- |   |  |
|---|--|
| <input type="checkbox"/> Sponsorship  | <input type="checkbox"/> Registration Kits     |
| <input type="checkbox"/> Historical/Bicentennial Journal                      | <input type="checkbox"/> Spiritual Preparation |
| <input type="checkbox"/> Ecumenical Relations                                 | <input type="checkbox"/> Banquet               |
| <input type="checkbox"/> Youth Activities                                     | <input type="checkbox"/> Greeters              |
| <input type="checkbox"/> Historical Tours                                     | <input type="checkbox"/> VIP Hospitality       |
| <input type="checkbox"/> Information Systems                                  | <input type="checkbox"/> Technology            |
| <input type="checkbox"/> First District Responders (Volunteer)<br>Coordinator | <input type="checkbox"/> Choir/Music Ministry  |
| <input type="checkbox"/> Housing  | <input type="checkbox"/> Liturgical Dance      |
| <input type="checkbox"/> Health Commission                                    | <input type="checkbox"/> Worship/Communion     |
|   | <input type="checkbox"/> Ushers                |

**References:**

Please provide contact information for pastor

Name	Address	Phone	Relationship
			<b>Pastor</b>

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Submission:**

We thank you for taking the time to complete this application. We ask that you forward it to:

By Mail:

First Episcopal District Headquarters  
Attn: First District Responders  
3801 Market Street  
Philadelphia, PA 19104

Or

By Fax:

215 - 662-0199

Or

Electronically:

An electronic version of this application is available via the 1<sup>st</sup> District Website ([www.firstdistrictame.org](http://www.firstdistrictame.org))<sup>2</sup>.

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<sup>2</sup> Effective 02/10/14