



PLSE Leader Enrollment Form

To enroll as a PLSE Leader, complete this enrollment form and the PLSE Leader Recommendation and Candidate Consent Form on the other side of the page.

Name (circle one: Mr. Ms. Miss Mrs.) _____
 First Name _____ Middle Initial _____ Last Name _____ Suffix _____

Male Female Date of Birth _____

Permanent Address

Address _____ City _____ State _____ Zip _____

Current Mailing Address check if same as permanent address

Address _____ City _____ State _____ Zip _____

Telephone

Home () _____ Cell () _____ School () _____

Email Address _____

Ethnic Group/Race Please check the appropriate response.

- American Indian or Alaska Native
 Asian
 Black or African American
 Other
 Native Hawaiian or Other Pacific Islander
 White
 Hispanic or Latino

Home Church

Church Name _____ Presbytery _____ Synod _____

Address _____ City _____ State _____ Zip _____

Name of Home-Church Pastor _____

Name of Campus Minister or College Chaplain (if applicable) _____

Involvement In Church Related Activities

- Worship Camps Mission Trips Youth Group Campus Ministry Internships Other _____

Involvement in Church Leadership Activities

- Ordained Elder Conferences Regional/Presbytery Events National Events Retreats Other _____

Please Explain _____

Current Schooling High School 9 10 11 12

College Planning to Attend (if applicable) _____

College Fr. Soph. Jr. Sr.

College Attending (if applicable) _____

Other _____

Graduate Degree Preferences (if applicable) _____

Hobbies/Interests Athletics Music Performing Arts Visual Arts Service Public Speaking Other _____