



THE EPISCOPAL DIOCESES OF EASTERN MICHIGAN AND WESTERN MICHIGAN  
**ACADEMY FOR VOCATIONAL LEADERSHIP**

**LAY PREACHING 2024 – 2025 APPLICATION FORM**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Preferred Pronouns \_\_\_\_\_

Home Address  
\_\_\_\_\_  
(Street, Apt. #)  
\_\_\_\_\_  
(City, State, ZIP code)

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parish \_\_\_\_\_ City \_\_\_\_\_

Participation in the Academy for Vocational Leadership requires a good amount of technical knowledge. Much of our course work requires utilizing online course work that you must be able to access. Instructions for utilizing the Iona website are given in the handbook. Much of your homework will need to be completed using a computer and word processor and having the ability to submit the work to the faculty. You will also need to be able to use Zoom for online weekends which requires a computer with a camera. Although this can be done using a phone, screen sharing will be too small to be useful.

**Signatures:**

\_\_\_\_\_  
Applicant Rector or Other Clergy

\_\_\_\_\_  
Date Date

Please return to: Rev. Canon Dr. Tracie Little ([tlittle@eastmich.org](mailto:tlittle@eastmich.org)) or Diocese of Eastern Michigan, 124 N. Fayette St., Saginaw, MI 48602.

**Deadline to apply: July 30, 2022**



**Medication:**

\_\_\_\_\_ I do not take medication on a routine basis.

\_\_\_\_\_ I take routine medication (include vitamins) as noted below.

Name of Medication	Reason for Taking It	Dose Given
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Physician's name:** \_\_\_\_\_ **Office Phone** ( \_\_\_\_\_ ) \_\_\_\_\_

**Insurance Information:**

Full Name of Insured Person \_\_\_\_\_

Carrier or Plan Name \_\_\_\_\_ **Group #** \_\_\_\_\_

**Emergency Contact:** Whom do you want us to contact in an emergency?

First Contact: \_\_\_\_\_ **Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ **Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship to You: \_\_\_\_\_

**Authorization for Health Care:**

This health history is correct insofar as I know. I acknowledge that I am capable of participating in the program of the Academy for Vocational Leadership. I understand that my health information will be used by the Leadership Team only in providing care to me in an urgent medical situation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**WEEKEND DATES - 2024 - 2025 Academic Year**

- September 6 – 8 at The St. Francis Retreat Center in Dewitt
- October 11 – 13 via Zoom
- November 1 – 3 at The St. Francis Retreat Center in Dewitt
- December 6 – 8 at The St. Francis Retreat Center in Dewitt
- January 10 – 12 via Zoom
- February 14 – 16 via Zoom
- March 21 – 23 at The St. Francis Retreat Center in Dewitt
- April 25 – 27 via Zoom
- May 16 – 18 at The St. Francis Retreat Center in Dewitt
- June 20 – 22 at The St. Francis Retreat Center in Dewitt