

Application for V.I.M. Leadership Training

Name		Date:		
Address	City/State			
Tel. (H)	(cell)	e-mail		
Home Church/0	Conference			
Training Date/lo	ocation, February 15 th , 9a.m. Glenview United Methodi	-1p.m. st Church (727 N. Harlem Ave,	Glenview, IL)	
Please indicate	dates and locations of previou	us V.I.M. experiences:		
<u>Location</u> Foreign (list		te below the type by checking a Team Focus Construction VBS/Bible Study	Health	
The Conference Church's Safe S not have a back, application sho and mailed price	requires background checks anctuaries Program. For thouground report on file, the cosould be made to Northern III or to training to Natarsha Gahave a background report co	every 5 years on all team leade se from the Northern Illinois Con t is \$13.00 A separate check a inois Conference: United Met ardner, Adm. Assistant, 217 D ompleted within the past 5 years	ers as part of the nference who do and the attached hodist Church ivision St., Elgin	
I will grant acces	ss to existing report: Yes	_ No		
NIC Back	is as follows: V.I.M. Leader Manual/DVD ground check fee that I owe:	\$20.00 (required for each cou \$13.00 – submit as a separat	•	
Training" and bri		/IM-NCJ –note on check "VIM l ground check fees must be mail	•	

Prior to training, submit this completed form to on line to: mmann@umcnic.org or mail to: Rev. Michael Mann, 217 Division Street, Elgin, IL 60120