

Application for Apprenticeships



First Name _____ Last Name _____

Mailing Address _____ City _____

State _____ Zip Code _____ Email Address _____

Cell Phone Number _____ Other Phone _____

College/University _____ Major _____ Graduation Year _____

Why would you like to apply for an apprenticeship with the Florida District?

Would you like to be an apprentice in a particular church? What role/roles would you like to help with in the ministry of the church?

What do you hope to gain from this experience?

What sort of employment are you seeking, outside of the church, to have during this apprenticeship?

Are you hoping to stay in Florida for long-term employment? Yes No
If so, in what location?

**Please include two letters of recommendation.
One from a professor and one from your pastor (home church or college church).**

The Florida District of The Wesleyan Church
a missional multiplication movement
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