

VIRGINIA THEOLOGICAL SEMINARY, DEPARTMENT OF CONTEXTUAL MINISTRY
CONTACT INFORMATION FORM: LAY SUPPORT TEAM CONVENER

NAME: _____ SEMINARIAN NAME: _____

PARISH/ORGANIZATION: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PERSONAL:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: _____ PERSONAL EMAIL: _____

PLEASE REMEMBER TO UPDATE CONTACT INFORMATION WITH THE CXM DEPT. AS SOON AS IT CHANGES. THIS ENSURES WE CAN REACH YOU FOR CORRESPONDENCE AND EVENTS FOR LAY SUPPORT TEAMS.