

**Iowa Lutheran Secretariat
Weekend Application for Palanca Workers**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Phone: (____) _____ Spouse's Name: _____

Person (other than spouse) to contact in emergency:
_____ Phone: (____) _____

Home church: _____ Pastor: _____

Address of church: _____

Special interests and talents: _____

Special needs or health concerns: _____

Physical limitations: (such as stairs, etc.) _____

Doctor's name: _____ Phone: (____) _____

Number of times worked palanca: _____ In what capacities _____

Number of times worked on team: _____ In what capacities _____

Days you will be able to work: (PLEASE CHECK) Thursday evening _____

Friday _____ Saturday _____ Sunday _____ All weekend _____

ANY ADDITIONAL COMMENTS: _____

Mail Palanca application to Palanca Rector or Registrar. Decolores