



**Vocations Inquiry Request**  
All replies will be kept strictly confidential

Your Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/ Postal code: \_\_\_\_\_

Country: \_\_\_\_\_ E-mail: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Present Church Affiliation: \_\_\_\_\_

Are you willing to submit to a background check? \_\_\_\_\_

Please return this form to:

Vocations Director—ACCUS  
PO BOX 1549  
Sedona, AZ 86339-1549