



Yoking Conversations

Your Name: _____
 Today's Date: _____

Yoking Referral

Identified Yoking Possibility

*Please answer the questionnaire based on the information you have.
 No need to seek information to fill in the blanks if they are unknown.*

1. How many congregations are currently suggested? _____

2. Please fill the table in (as much as you know) for all potential yoking partners:

CONGREGATION	CITY	COUNCIL PRESIDENT NAME AND CONTACT INFO	PASTOR(S)	TYPE OF CALL (Interim, Called, Term, Vice, Full Time, Part Time)
<i>EXAMPLE Main Street Lutheran Church</i>	<i>Salisbury</i>	<i>Jane Doe j.doe2002@gmail.com</i>	<i>Alice N. Wonderland</i>	<i>FT Interim</i>
<i>EXAMPLE Deja Lutheran Church</i>	<i>China Grove</i>	<i>Pete Repeat, Jr.</i>	<i>None</i>	<i>N/A</i>

3. How did this become a referral? What do I need to know?