



CERTIFIED LAY MINISTER APPLICATION REQUEST AWFUMC CONFERENCE

Application Date (month/year) _____

DATA ON THE CERTIFIED LAY MINISTER

Name (Mrs. ___Ms. ___Mr. ___) _____
Address _____
City/State/Zip _____
Telephone (H) _____(C) _____
E-mail _____
Name of District _____
Name of Church _____
Church Address _____
City/State/Zip _____
Church Telephone _____

STATUS OF THE CERTIFIED LAY MINISTER APPLICANT

For initial application as a Certified Lay Minister ()

1. Are you currently a Certified Lay Servant or Certified Lay Speaker? ___ yes ___ no
2. What is the title and year of the Spiritual Gifts Advanced Course you have taken _____
3. What title and year of your last Advanced Course? _____

REQUEST OF THE CERTIFIED LAY MINISTER

I request a recommendation from my pastor and church council or charge conference to become a Certified Lay Minister.

Date _____ Applicant Signature _____

RECOMMENDATION OF THE PASTOR (for initial application)

I recommend concurrence with the request of this person to become a Certified Lay Minister.

Date _____ Pastor _____

RECOMMENDATION OF THE CHURCH COUNCIL/CHARGE CONFERENCE

Date _____ Church Council Chair _____

The church council or charge conference of _____ (church/charge)
recommends the above person become a Certified Lay Minister.