Lay Servant/Speaker Ministries Annual Report / Application Form

Name:]	Phone:		
		City/Zip:			
E-Mail Addres	s:				
			District:		
1. Have you co	ompleted The	e Basic Course for	r lay servants?		
Yes	No	Date:	Place:		
2. Have you c	ompleted any	advanced course	es for lay servants within the past three years?		
Yes	No	_ Title(s) of co	surse(s) and date(s) completed:		
3. Activities d	uring the pas	•	the first time.)		
Leading	:				
Commu	nicating:				
		-	nt Ministries:		
I hereby reques	st approval of	•	Charge/Church Conference.		
Appioved.	Pa	astor	District Superintendent		
Date of Charge	e / Church Co	onference:			