## **MICHIGAN CONFERENCE LAY SERVANT MINISTRIES: Form 1**

## **Certified Lay Servant Application**

## **PART 1: CONTACT INFORMATION OF LAY SERVANT**

Name	
	Best Phone
Address	City/State/Zip
Church Name	District
PART 2: COURSE INFORMATION	
BASIC Course year completed?	Advanced Course year completed?
Title of Advanced Course?	
PART 3: REQUEST OF THE LAY SERVANT	
I request recommendation from my pasto	or and Church Council/Church Conference to be a Certified Lay
Servant.	
Date Signature of Lay Ser	vant
PART 4: RECOMMENDATION OF THE PAS	STOR .
I recommend this lay member to be a Cer	tified Lay Servant.
Date Signature of Pastor	
PART 5: CHURCH COUNCIL/CHURCH CON	IFERENCE RECOMMENDATION
The Church Council/Church Conference o	f United Methodist
Church recommends this lay member to b	pe a Certified Lay Servant.
Date Signature of Church Cou	ncil Chair
PART 6: ACTION BY THE DISTRICT COMM	IITTEE ON LAY SERVANT MINISTRIES
The District Committee on Lay Servant Mi	inistries has reviewed this layperson's qualifications and
recommendations. This application is $oldsymbol{\square}$ a	pproved □ not approved.
Date Signature of District	Director of Lay Servant Ministries

**Please Note:** The original completed form, including all signatures, is to remain at the local church. A copy is to be submitted with church conference documents. Additional copies are to be distributed to the Certified Lay Servant and District Director of Lay Servant Ministries.

Form Updated 2022

