



Application for Certified Lay Minister Training Program

Personal Information: (Please print all information)

Name: _____ Date: _____

Street address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Fax: _____

Email address: _____

Date of birth: _____ Marital status: Single _____ Married _____

Children: _____

Table with 3 columns: Education, Dates attended, Degree or credit hours. Rows include High school, College, and Graduate school.

Employment: _____

Church Affiliation:

Local church: _____ Local Pastor: _____

Describe your involvement in the local church.

Multiple horizontal lines for describing involvement in the local church.

Using another sheet of paper, write one to two pages explaining your reasons for enrolling in the Certified Lay Minister Training Program.

References:

Please have your local pastor and District Superintendent send a letter (by postal service or email) in support of your Application for the Certified Lay Minister Training Program to the address listed below.

Certification:

Are you Safe Sanctuary Certified through your conference?

Yes: _____ No: _____
Conference name

Certification training is effective until? _____
Date

Please note before working in any church situation with children, youth, and adults with disabilities you must be certified by your conference. This includes working in Sunday School, Afterschool Programs, VBS, youth groups, camps, etc.

Name: _____ **Date:** _____
Signature

Send to:

Rev. Dr. Carl K. Ellis
590 – 120th Street
Fort Scott, KS 66701
Or

Email: cellis@larcn.org
Phone: 785-445-2595