

LICENSED MINISTRY PROGRAM
AUTHORIZED LAY WORSHIP LEADER PROSPECT

I believe the following person meets most of the expectations of this ministry and would like to learn more about it:

Name

Address

Telephone

This person has been a member of this United Church of Christ congregation for _____ years; and, has served as a leader in the following capacities:

Please write below any reasons you care to which will reveal to our committee why you, as pastor, are suggesting the name of this individual for possible participation in this program:

Signed,

Pastor's name

Church

Mail to: Authorized Lay Worship Leaders
 Northern Plains Conference UCC
 1200 E Highland Acres Road
 Bismarck, ND 58501