

APPLICATION
WEST VIRGINIA-WESTERN MARYLAND SYNOD
BISHOP'S LAY WORSHIP LEADER

I. Personal Information

Full Name _____

Home Address _____

Home Phone _____

Date and Place of Birth _____

Member of _____ Lutheran Church since _____

Church Address _____

Pastor _____

If a member fewer than 5 years list prior church membership and length of membership

Please list offices held and functions performed in local congregation, with approximate time frames:

<u>Function</u>	<u>From</u>	<u>Until</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all offices held and all functions performed in conference, synod, region, and ELCA with approximate time frames:

<u>Function</u>	<u>From</u>	<u>Until</u>

Family Information

Marital Status _____

If applicable, Spouse's full name _____

Spouse's Occupation _____

Children's Names and Ages _____

Education Information

<u>Institution/School</u>	<u>Diploma/Degree/ Certificate</u>	<u>Date Received</u>	<u>Area of Study</u>

Employment Information

<u>Employer</u>	<u>Dates of Employment</u>	<u>Title & Job Description</u>

References

List names, addresses, phone numbers, and titles of three persons who have known you for an extended period of time and who can be used as written and verbal references. **Do not include your pastor.** Include your employer, if possible, and someone who is well acquainted with your family.

- 1. _____

- 2. _____

- 3. _____

Spiritual Formation

1. Why do you want to become a Bishop’s Lay Worship Leader?

2. If you are married, or have a family, in what ways will your family support you?

3. What are your special interests in church work?

4. What special gifts and skills do you have for the Bishop's Lay Worship Leader?

5. Describe the studies you have undertaken and completed that would assist you in the program.

6. Do you have any health problems or limitations? _____ Please list:

Your Signature

Date