



Certified Lay Ministry Academy

Enrollment Form

PERSONAL INFORMATION

Name

**Mailing
Address**

City

State

Zip

Date of Birth

Marital Status

Married

Single

Email

Alternate Email

Mobile Phone

Home Phone

List any dietary restrictions and/or allergies.

CHURCH AND MINISTRY INFORMATION

Name of the United Methodist Church to which you belong

Address of UMC to which you belong

City

State

Zip

How long have you been a member of this church?

District of your Church Membership

Do you currently serve in a ministry at your local church?

Yes

No

Please list your areas of involvement.

Please describe your spiritual journey.

Briefly state why are you are interested in the Certified Lay Ministry Academy.

List titles of completed Lay Servant Ministries Courses, the year completed, where completed, instructor's name and name of District. Please submit a copy of the certificate you received along with this application.

AFFIDAVIT AND SIGNATURES

I certify that the information I have provided in this form is accurate and truthful. I understand that should it prove to be otherwise, my acceptance to, participation in, and certification by the Mississippi Annual Conference's Certified Lay Ministry Academy may be denied or withdrawn. **I also understand that this application is for the full 8 months that will include the first Friday evening of each month from 6 pm -- 9:30 pm (to include October - May) and the first Saturday of each month from 8 am -- 4:30 pm (to include October - May). This will include eight modules with approximately ten hours contact time with another eight hours of outside assignments.**

Signature of Applicant

Date

Date

Church Name

Signature of Pastor

Date

District

Signature of District Superintendent

Date

Approval must be obtained from the Church Council OR Charge Conference. If approved by the Church Council, the action must be documented in Church Council Minutes.

Signature of Church Council

Date