The Diocese of West Missouri: Licensed Ministry Application

Evangelist

 [ ]  *New* [ ]  *Renewal*

Full Name:

Mailing Address:

Email Address:       Phone #:       (please check one) [ ]  landline [ ]  mobile

Congregation & City:

\* For a new license, please include:

 Length of time resident in this congregation:

 Baptized When:       Where:

 Confirmed When:       Where:

 Diversity Training When:       Where:

**A. MINISTRY and EDUCATION**

***For a new license***

*Attach a separate sheet as necessary.*

1. *Describe* the event(s) that initiated then progressed your sense of call to the ministry of evangelism.

1. *Define* your understanding of what it means to be an Evangelist orally and in writing.

1. *Describe* below the course of study and training that you have followed to obtain the necessary skills and background knowledge required for this license.
2. *How do you intend to exercise* the ministry of evangelism?
3. *How will you hold yourself accountable* in the exercise of this ministry?

1. *Please request a statement from your instructor and/or acquire signature at the end of this form.*

***For a renewal license***:

1. *Describe* below the course of study and training that you have followed since your license was issued to maintain your education and skills. *Attach separate sheet as necessary.*
2. *Describe* how you have used this license since it was granted.
3. How would you *evaluate your ministry* as an evangelist?

1. *Please request a statement from your instructor/mentor and/or receive comments and signature at the end of this form.*

I pledge to carry out this ministry to the glory of God under the authority of the Bishop of West Missouri, and with the integrity befitting this sacred trust.

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Signature of applicant Date

**C. ENDORSEMENTS**

***Clergy in Charge***

I certify that the applicant is a communicant in good standing of this congregation and qualified for this license.

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Rector/Priest-in-charge Date

 ***Governing Body***

The Vestry/Bishop’s Committee, by action at a regular meeting, recommends that this application for licensed ministry be approved.

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Clerk of Vestry/Bishop’s Committee Date

***Instructor/Mentor*** Please accept our thanks for your guidance.

1. *Describe* the course/workshop/study the candidate studied under your supervision*.*
2. *Evaluate* the candidate’s participation.
3. *Make a recommendation* for this person to receive or not to receive licensing.

[ ]  yes [ ]  no

1. *Make a recommendation* for continuing work, if any.

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Your name and title, printed

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Name of institution (if any) or your position/qualification

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Your signature Date

**D. RETURN TO DIOCESAN OFFICE**

***New license:***

1. Transcripts from coursework completed at BKSM.
2. Information on any coursework completed through EFM.

*Information may be sent electronically to laylicense@diowestmo.org*

***Renewing license:***

1. Your goals for evangelism for the next three years.

**Send signed application form and additional documents to:**

Diocese of West Missouri

 Attn: COM – Lay Licensing

 420 West 14th St

 Kansas City, MO 64105

**or email files to:** **laylicense@diowestmo.org**