

**LAY REVITALIZATION MINISTRY**  
North Georgia Conference Board of Laity  
**APPLICATION FOR SERVICE**

*Page 1 of 2*

**Personal:**

Name: \_\_\_\_\_

Phone: (o) \_\_\_\_\_ (h) \_\_\_\_\_ (cell) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code : \_\_\_\_\_

Email: \_\_\_\_\_

Church: \_\_\_\_\_ District: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

List your Spiritual Gift(s): \_\_\_\_\_

=====

**Education & Experience:**

Education level: \_\_\_ H.S. \_\_\_ Assoc. Degree \_\_\_ Bachelors Degree \_\_\_ Masters Degree \_\_\_ Doctorate

Occupation: \_\_\_\_\_

Lay Speaking certification: \_\_\_ Local \_\_\_ Certified Date certified or re-certified: \_\_\_\_\_

Disciple Bible Study experience: \_\_\_ I \_\_\_ II \_\_\_ III \_\_\_ IV \_\_\_ Christian Believer

Disciple Bible Study facilitator: \_\_\_ I \_\_\_ II \_\_\_ III \_\_\_ IV \_\_\_ Christian Believer

Please indicate the ministry area(s) in which you believe that you could lead a workshop for LMT: (Evangelism, Finance, Music, Church Image, Spiritual Growth, Prayer Ministry or Other )

Qualifications/Experience in this area:

Local church leadership experience:

District leadership experience:

Conference leadership experience:

=====

**Instructions for processing:**

**Applicant:** Please complete all information and forward to your Senior Pastor for review and recommendation.

**Senior Pastor:** Please complete your portion and forward to: Debby Stikes, Lay Revitalization Ministry Committee, 120 Mixon Street, Griffin, GA.30224. The Lay Revitalization Ministry will forward this application to the District Superintendent.

**QUESTIONS/Comments?** Please call: Leon Jourolmon 706-353-3138 or Debby Stikes 770-412-7933.

Revised 09/21/2009

**LAY REVITALIZATION MINISTRY  
APPLICATION FOR SERVICE (continuation)**

**Local Pastor Recommendation:**

I \_\_\_do (or) \_\_\_ do not recommend this applicant for service at the Conference level at this time.

I believe the applicant's spiritual gifts/service capabilities are:

Signed:

Date:

Phone:

**Senior Pastor:** Please complete your portion and forward to: Debby Stikes, Lay Revitalization Ministry Committee, 120 Mixon Street, Griffin, GA.30224. The Lay Revitalization Ministry will forward this application to the District Superintendent.

**District Superintendent Recommendation:**

Received: \_\_\_\_\_ Reviewed: \_\_\_\_\_ ACTION: \_\_\_\_\_

I \_\_\_do (or) \_\_\_ do not recommend this applicant for service at the Conference level at this time.

COMMENTS:

Signed:

Date:

Phone:

**LRT Committee Recommendation:**

Received: \_\_\_\_\_ Reviewed: \_\_\_\_\_ ACTION: \_\_\_\_\_

**Disposition:**

\_\_\_ Approved for \_\_\_\_\_ Assigned to \_\_\_\_\_ Team.

\_\_\_ Inquire into: \_\_\_\_\_ POC:

\_\_\_ Hold for: \_\_\_\_\_ POC:

\_\_\_ Thank you letter mailed. POC: