**Licensed Lay Worship Leader – Yearly Report Form**

**Contact Information** - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

**Name:** Click or tap here to enter your name.

**Full Address:** Click or tap here to enter full address, including postal code.

**Phone:** Click or tap here to enter phone number.

**Cell:** Click or tap here to enter cell number.

**Email:** Click or tap here to enter email.

**Your regional council:** Choose your regional council.

**Home community of faith:** Click or tap here to enter community of faith + city.

**Background** - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

**Which year were you licensed?** Click or tap here to enter the year.

**When was your most recent LLWL interview? (***approximately***)** Click or tap to enter a date.

**Name of your current mentor?** Click or tap here to enter name.

**Mentor contact:** Click or tap here to enter contact information.

**Please provide:**

* **Most recent police record check (including vulnerable sector):** Click or tap to enter a date. Click or tap here to enter further information, if needed.
* **I certify that there are no changes since the last police record check:**

(*By typing-in your name, you are certifying also that this is in place of your signature*)

Click or tap here to type your ‘signature’.

**Date of mandatory continuing education update (date completed):**

* **Racial Justic­­e training:** Click or tap to enter a date.
* **Boundaries Training** Click or tap to enter a date.**:**

**Other continuing education completed:**

* **Name of course:** Click or tap here to enter course name.

**Date completed:** Click or tap to enter a date.

* **Name of course:** Click or tap here to enter course name.

**Date completed:** Click or tap to enter a date.

* **Name of course:** Click or tap here to enter course name.

**Date completed:** Click or tap to enter a date.

**LLWL Services conducted during the last year** - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

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| **DATE** | **COMMUNITY OF FAITH** | **COMMENT (if any)** |
| Enter the date. | Community of Faith. | Please add your comments. |
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*Feel free to continue this list by copying & pasting rows or by attaching a separate sheet.*

*Please attach a* ***current letter of support*** *from the governing body of your home congregation.*

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**Please save this form and when completed email to** **LLWL Resource Team****.**