## UNITED METHODIST CHURCH PACIFIC NORTHWEST ANNUAL CONFERENCE DISTRICT OFFICE OF LAY SERVANT MINISTRIES

| Name & Address of District Director of Lay Servant Ministries: |   |  |  |
|--|---|--|--|
| 2021 LAY REPO  | ORT AND REQUEST FOR REG y Servant: Lay Speaker: _                           | CERTIFICATION OF:Lay Minister:   |  |
| APPLICANT:   |   |  |  |
| Name: Judy G   | 14, Idebrand City:  | NONEUICK FIRST   |  |
| Address: 5207 W  | 14, Idebrand City:  | KENNEWICK  |  |
| A PT 338 State. Zin: 4 14 293                                  | 3 3 9 Phone:  | 122 501 2225   |  |
|  |   |  |  |
| E-mail: mincot   | 60@ MSN. COM  | The state of the s |  |
| with the requirements of two adv                               | dvanced class(es) approved by the Lay Serv<br>ranced classes every 3 years. | •  |  |
| Class title: ROM Few E   | SPAPIT Location: ON 1   | - INE Date: 4/2021   |  |
| Class title:   | Location:   | Date:  |  |
| Class title:   | Location:   | Date:  |  |
| In the last 12 months, I have serv                             | ved in the following capacities: (You may co                                | omplete one, two, or all three areas)  |  |
| LEADING: Braken (  | RA YON3 STILL Location:   | BS AFFINITY  |  |
|  | Location:   |  |  |
|  | Location:   |  |  |
|  | Location: _   |  |  |
| Small Group:   | Location:   |  |  |
| Other:   |   |  |  |
| Other:   | Location:   |  |  |
| CARING: One-on-one:  | age Wounds, Dr  | BUE to Appointment   |  |
| Visitation: Cowsta   | ntly  | 1 0  |  |
| Other:   |   |  |  |
| Other:   |   |  |  |
| COMMUNICATION:   |   |  |  |
| Worship Service:   | Location:   | Date:  |  |
| Worship Service:   | Location:   |  |  |

| Worship Service:   | Location:  | Date:  |
|--|--|--|
| Taught Class:  | Location:  | Date:  |
| Taught Class:  | Location:  | Date:  |
|  |  |  |
| Other:   |  |  |
| In addition, in the past 12 months I h<br>workshops (not listed above) to help<br>skills of Lay Servant in caring, leading | have read the following books and/or have develop my spiritual journey, improve my and communicating:  | attended the following classes and/or understanding of the Bible, and increase |
| We would like your feedback: Do you believe that you have had a Yes No ☐ If no, please                                     | dequate opportunity for service as a Lay Se explain:   | ervant this past 12 months?  |
|  | you like to see presented in future Lay Serv   | ant classes?   |
| Thank you for taking the time to consignatures are completed and that the Conference:                                      | for improving the Lay Servant ministries?  Here are a Comment of the Comment of t | r Lay Servant. Please ensure that all<br>below following your church Charge    |
| I hereby request recertification as a  | Certified Lay Servant for the next 12 month  | hs.  |
| (Signature of Lay Servant)   | Scalam   | 10/(3/21<br>(Date)   |
| I recommend recertification of this  | person as a Certified Lay Servant for the n  | ext 12 months:   |
| (Signature of Pastor)  | (Church)   | (Date)   |
| The Charge Conference of this Unit Servant for the next 12 months.   | ted Methodist Church recommends recertif   | ication of this person as a Certified Lay                                      |
| (Signature of District Superintender   | nt, or designee)   | (Date)   |
| I recommend recertification of this  | person as a Certified Lay Servant for the n  | ext 12 months:   |
| (Signature of District Director of La  | ay Servant Ministries)   | (Date)   |

Revised 8/4/2021