

**Application for the  
Conference Lay Minister Program (CLayM)**  
California-Nevada Conference of the United Methodist Church

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

Persons living in your household (name & relationship) \_\_\_\_\_

**Please attach a sheet to describe briefly your FAITH and BELIEFS and to explain further any responses you make to the questions below.**

**Present UMC membership** \_\_\_\_\_ **Church Phone** \_\_\_\_\_

Church Address \_\_\_\_\_

Years of Church involvement: \_\_\_\_\_ Years as a United Methodist \_\_\_\_\_

Positions you have held in the church \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other volunteer work: \_\_\_\_\_

**Are you financially self-sufficient**, recognizing that the church will provide only housing and reimbursement for professional expenses if you are assigned to a church as a Conference Lay Minister? (Think about health insurance and additional financial resources for emergencies, as well as monthly income. The CLayM program does not want to put you or the congregation you might serve in a place of greater risk.) Yes \_\_\_\_\_ Not at this time \_\_\_\_\_

**Please describe your physical health:** Good    Fair    Poor                    (C\ew one.)

Any details \_\_\_\_\_

**Describe previous public speaking experience:** \_\_\_\_\_

\_\_\_\_\_

**Please rate your abilities in the following areas:** (#1 = weakest, #5 = strongest)

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. The care of individuals                       | 1 | 2 | 3 | 4 | 5 |
| 2. Leadership in worship                         | 1 | 2 | 3 | 4 | 5 |
| 3. Organizing the church for nurture and mission | 1 | 2 | 3 | 4 | 5 |
| 4. Providing for education ministries            | 1 | 2 | 3 | 4 | 5 |

**Employment History** (Last ten years)

Employer: \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Address: \_\_\_\_\_ Job title: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Address: \_\_\_\_\_ Job title: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Address: \_\_\_\_\_ Job title: \_\_\_\_\_

**Highest year of schooling completed:** \_\_\_\_\_

Major or study emphasis \_\_\_\_\_

\_\_\_\_\_

**Other special studies:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List special skills or abilities** (e.g., second language, teaching, business administration, caretaking, engineering, social work, fund raising, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*  
(Please have your District Superintendent sign below before mailing to the CLayM Training Coordinator.)

**I acknowledge and approve that the above person take the full Conference Lay Minister (CLayM) training two-week course (understanding that this approval does not necessarily recommend him or her for assignment to a congregation).**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**District Superintendent**

\*\*\*\*\*

**Please return this form to:**

**Perry W. Polk  
CLayM Training Coordinator  
3012 Chestnut Court  
Fairfield, CA 94533-1434**

E-mail: perrypolk@aol.com (707) 422-4595