

**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 (Check 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