



GLOBAL
METHODIST CHURCH
NORTH GEORGIA

Certified Lay Minister Annual Report and Renewal Request/Approval

North Georgia Conference of the Global Methodist Church
This report covers the 12-month period from last to current charge conference)
Dates: _____ to _____

In accordance with the Book of Doctrines and Discipline Paragraph 502, this Annual Report of the Certified Lay Minister is required for continuance. This report to the Charge Conference includes endorsement by majority vote for my continuance, recommendation for renewal from my pastor and my serving in ministry during the past one-year period.

Part 1. Certified Lay Minister data:

Name: _____

Preferred Name: _____

Cellular Phone: _____

Email: _____

Name of Home Church and City: _____

I am currently serving as a Lay Minister Yes _____ No _____

If yes, Name of Church, Location and District _____

Effective Date: _____

Part 2. My Original Certification as Lay Minister

I became certified as Lay Minister by the Annual Conference. Date: _____

Part 3. Request of the Lay Minister

I am requesting renewal/continuance of my certification as a Lay Minister with the recommendation of my pastor and Charge Conference for the ensuing year. My name was submitted and approved for continuance as Certified Lay Minister at Charge Conference. Date: _____

Lay Minister's Signature: _____ Date: _____

Part 4 . Recommendations of the Pastor

The applicant's request for continuance as a Certified Lay Minister has been submitted and approved by me and approved at the _____ Church's Charge Conference on _____ (Date)

I hereby recommend concurrence/approve for the continuance of _____ (Name) as a Certified Lay Minister along with the request of this applicant for renewal as a Certified Lay Ministry.

Date: _____ Pastor's Signature: _____

Print Name: _____

Print Church Name: _____

Part 5. Certified Lay Minister Activity Report throughout the past year.

Please enter the number of times you have participated in the following **Ministry Areas:**

CARING Ministries

Number: _____ Type: _____

Number: _____ Type: _____

LEADING Ministries :

Number: _____ Type: _____

Number: _____ Type: _____

COMMUNICATING Ministries

Pulpit Supply
Date(s)

Location

Point of Contact

_____	_____	_____
_____	_____	_____
_____	_____	_____

Worship Leader
Date(s)

Location

Point of Contact

_____	_____	_____
_____	_____	_____
_____	_____	_____

Devotional Message

Date(s)

Location

Point of Contact

Teaching: Church or Sunday School class you have taught, are teaching or leading or list other groups (such as mentoring, leading a women's or men's group, etc.) in which you participate that would show your witness

Date(s)

Location

Point of Contact

Part 6. Feedback

Provide the Lay Empowerment Team and the Conference Lay Ministry Board with any feedback or questions:

NOTICE: Scan and submit completed form with signatures to Kin McKinnon, NGA Conference Lay Ministry Director via email to ngagmclsm@gmail.com 1 week PRIOR to your scheduled Charge Conference.