

LAY SERVANT / SPEAKER RECORD

NAME: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work (cell) Phone: _____

Email _____

Local Church: _____ District: _____

BASIC COURSE COMPLETED: (year) _____

Approved as:

Local Church Lay Servant: (year) _____

Certified Lay Servant: (year) _____

Lay Speaker: District Committee Interview: (Date) _____

Conference Committee Approval: (Date) _____

ADVANCED COURSES / ALTERNATE COURSES/ SERVICE COMPLETED:

Title	Date	Annual Report filed	Approved / Recertified as

Follow-up Contacts _____
