CERTIFIED LAY MINISTER/CANDIDATE ANNUAL REPORT

	METHODIST CHURCH ountain Conference	
	District/Sub-District	
Calendar Year _		
Name	Church	
Address	Church Address	
City/State/ZIP	City/State/ZIP	
Home # ()	Church # (
E-mail	Church fax # ()	
Request	of CLM/Candidate	
I hereby request recommendation of my	pastor and my local Church Confer	ence for:
() affirmation as CLM Candidate	() renewal as a CLM	
Date	Signed	
Ministries by	y the CLM/Candidate	
During the past calendar year, I particip church/community:	-	•
Appro	oving Signatures	
Pastor Date	Presiding Elder	Date
Pastor & Presiding Elder: Please forwar	rd a copy of this report to the Distric	t Office
(0	over please)	

If you are a Certified Lay Minister Candidate, where are you in your training curriculum? (please indicate in box if module is complete)

MODULE	STATUS
1	
2	
3	
4	

If you are a Certified Lay Minister, what Continuing Education have you done over the last year?

Feedback by the Certified Lay Minister/Candidate

Do you believe that you have had adequate opportunity for service as a CLM this year? Yes No. If no, please explain:

What additional training or support to you need?

Will You Serve?

As an Equalizat	tion Member to an Annual Conference Session?	
As a member of	f a District or Conference Committee? (indicate choice)	
As a Teacher	If yes, what topics?	
As a Speaker at a Church? (provide message)		
Please indicate other areas in which you are willing to serve, teach or lead:		

(Note: If you need more space to write, please use an additional sheet of paper)