**APPLICATION**

**Licensed Ministry in the Diocese of Newark**

***Eucharistic Minister/Eucharistic Visitor/Worship Leader***

To the Bishop of Newark: In compliance with Title III, Canon 4, Sections 1 - 8, Of Licensed Ministries, I hereby submit my application, duly approved by my clergy-in-charge or warden to be licensed as a:   
(*check the category/categories that apply*)

Eucharistic Minister \_\_\_\_\_\_\_\_\_\_\_\_**\***Eucharistic Visitor\_\_\_\_\_\_\_\_\_\_\_\_ Worship Leader\_\_\_\_\_\_\_\_\_\_\_

* **Eucharistic Visitor applicant must have completed Prevention of Sexual Harassment and Exploitation training within the last five (5) years.**
  + **Please include a certificate of completion for this training or contact Randy Johnson to arrange online training**

**PLEASE COMPLETE THE FOLLOWING INFORMATION:** (print or type)

**1.** Full name (including title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Address:

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Home): \_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** I have been a member of this congregation since: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I was baptized in: Church: City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.** I was confirmed on (date): , in (Church name and

denomination): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

by The Right Rev. , Diocese of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4**. I have received, or will complete, training in this work (be specific when applying for multiple aalicenses). Check the appropriate box:

□ Church name and city\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - or - □ Diocesan training session

Name of Trainer(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) of Training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application: \_\_\_\_\_\_\_\_ Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5.** Endorsement by clergy-in-charge or warden:

I testify to my belief (based on personal knowledge or evidence satisfactory to me) that this applicant for Licensed Ministry qualifies for the office(s) under the requirements of Title III, Canon 4 and I hereby request such licensing and recommend the candidate to the Bishop for favorable action.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Congregation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Term of licenses is for a three-year period, unless otherwise stated.)