

Episcopal Diocese of Eastern Oregon
PO Box 1548, The Dalles OR 97058

APPLICATION FOR LICENSE RENEWAL
WORSHIP LEADER

For office use only

Renewal Year:

Date: _____

Name _____

Address _____

Street/PO Box

City

Zip

Congregation to be served _____

Describe continuing education undertaken in the last licensing period. (Use back of form if needed)

Applicant's signature

I endorse the above applicant for re-licensing as a Worship Leader and request that licensing be extended to this applicant until the First Sunday of Advent, _____. *Maximum licensing period – 3 years (year)

Signature of Member of the Clergy
in charge of the congregation, or clergy who
has provides training for this ministry.