

Episcopal Diocese of Eastern Oregon
PO Box 236, Cove, OR 97824

APPLICATION FOR LICENSE RENEWAL
WORSHIP LEADER

For office use only Renewal Year:
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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.