

***LICENSED LAY PASTOR APPLICATION***  
*THE PRESBYTERY OF CENTRAL NEBRASKA*

**PERSONAL**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ (H) \_\_\_\_\_ (W)

E-mail Address \_\_\_\_\_

**CHURCH MEMBERSHIP**

Name of Church \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Pastor \_\_\_\_\_

Clerk of Session \_\_\_\_\_

Length of membership in this church \_\_\_\_\_

Date/Place where you were baptized \_\_\_\_\_

Date/Place ordained as an Elder \_\_\_\_\_

Other Areas of Service in this Church \_\_\_\_\_  
\_\_\_\_\_

Total length of membership in the Presbyterian Church (U.S.A.) \_\_\_\_\_

Membership in churches of other denominations \_\_\_\_\_

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**SERVICE/DISCIPLISHIP**

List your service to The Presbytery of Central Nebraska, the Synod of Lakes & Prairies and the General Assembly

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List areas of service to your community, or the communities where you have lived.

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**EDUCATION**

List your high school and any further formal education you may have received. Begin with your most recent educational experience.

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**ON SEPARATE PIECES OF PAPER, PLEASE PROVIDE A BRIEF RESPONSE (A PARAGRAPH OR TWO) TO THE FOLLOWING QUESTIONS:**

- Why are you interested in becoming a certified/commissioned lay pastor?
- What informal learning experiences have you had that will assist you in being an effective certified/commissioned lay pastor?
- What aspects of your present church life do you enjoy most?
- What aspects of your present church life are the most frustrating?
- What gifts and talents do you have that will help you become an effective licensed/commissioned lay pastor?
- What does it mean to you to be a Presbyterian?

- In what areas of your life would you like to grow?
- Write a brief personal statement of your faith (I believe...)

**ENDORSEMENT, SIGNATURES, REFERENCES**

If accepted, I understand I will be undertaking a commitment of a spiritual, academic and practical nature. I am also willing to commit myself to continuing education after completing the program. This will be in consultation with the Committee on Ministry.

CLP Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Clerk of Session's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please include the following references, and how/where they may be contacted:

(1) A Pastor

(2) A Church Friend

(3) A Non-Church Friend