**Human Resources Commission**

**Horseshoe Falls Regional Council**

**of The United Church of Canada**

***Connecting, Supporting, Transforming***

**Licensed Lay Worship Leader – Application For Initial License**

**Contact Information** - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

**Name:** Click or tap here to enter text.

**Date:**

**Full Address:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Home community of faith and city:** Click or tap here to enter text.

**Who is your mentor?** Choose an item.

**Training** - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

**Where and when did you complete your LLWL training:** Click or tap here to enter text.

**Reflecting on your LLWL training:**

* **Describe your greatest challenge and why:** Click or tap here to enter text.
* **Describe a moment that most inspired you and why:** Click or tap here to enter text.
* **What is your understanding of the role of LLWL?** Click or tap here to enter text.

**Date of mandatory trainings:**

* **Racial Justice training:** Click or tap to enter a date.
* **Boundaries Training:** Click or tap to enter a date.

**Please provide:**

* **Date of last police record check (including vulnerable sector):** Click or tap to enter a date. Click or tap here to enter text.
* **A letter of recommendation from governing body of your community of faith:** Choose an item.

**Experience** - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

* **What gifts and skills do you have that prepare you for LLWL?** Click or tap here to enter text.
* **Please share some experiences of your worship leadership e.g. in your community of faith:**  
  Click or tap here to enter text.

**Reflection** - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

* **How do you feel God calling you to serve as an LLWL?** Click or tap here to enter text.
* **What biblical image or story speaks to you in your role as LLWL?** Click or tap here to enter text.
* **Please add any other comments that you would like to share:** Click or tap here to enter text.

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**Please save this form and when complete email to** [**LLWL Resource Team**](mailto:DBlanchard@united-church.ca?subject=LLWL%20Application%20Form%20-%20please%20forward%20to%20LLWL%20Resource%20Team)**.**