**Human Resources Commission**

**of The United Church of Canada**

**Licensed Lay Worship Leader – Yearly Report Form**

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

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

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

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

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

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

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

**Please attach a current letter of support from the governing body of your home congregation:** [ ]

**Background** - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

**Which year were you licensed?** Click or tap here to enter text.

**When was your most recent LLWL interview? (date)** Click or tap to enter a date.

**Name of your current mentor?** Click or tap here to enter text.

**Mentor contact:** Click or tap here to enter text.

**Please provide:**

* **Most recent police record check (including vulnerable sector):** Click or tap to enter a date. Click or tap here to enter text.
* **I certify that there are no changes since the last police record check:**

(*Signature*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Date*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of mandatory continuing education update (date completed):**

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

**~ ~ ~** *Offered on-line through united-in-learning.com* **~ ~ ~**

**Other continuing education completed:**

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

**Date completed:** Click or tap to enter a date.

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

**Date completed:** Click or tap to enter a date.

**LLWL Services conducted during the last year** - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

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| --- | --- | --- |
| **DATE** | **COMMUNITY OF FAITH** | **COMMENT (if any)** |
| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
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**Feel free to continue this list by copying & pasting rows, or, attaching a separate sheet.**

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**(Please attach a current letter of support from the governing body of your home congregation.)**

**Please save this form and when complete email to** **LLWL Resource Team****.**

***Thank you*** for taking the time to fill out this information.

This will be reviewed by the LLWL Resource Team. Your license will be renewed every three years based on annual submission of this yearly report and an interview prior to re-licensing, for which you will be contacted.