THE EPISCOPAL DIOCESE OF WEST VIRGINIA

Application for License
Evangelist

Name: _____

Address: _____

Email: _____ **Phone:** _____

Date of Birth: _____ **Parish:** _____

- ○ I certify that I have completed all the required Safe Church and Anti-Racism and Dismantling Racism training for Lay Licensing for this ministry by the Diocese of West Virginia and such records can be found on file with the Diocese.
- ○ I certify that I have completed all required training for Lay Licensing for this ministry by the Diocese of West Virginia and evidence for such is included with this application.

Applicant Signature: _____

Name of Rector or Clergy in Oversight: _____

- ○ I certify the following is true of the above name applicant:
  - ○ They are a baptized and confirmed member of the parish listed above.
  - ○ To the best of my knowledge, they live a godly life and their work in this lay ministry will not bring disrepute to the parish or the Church.
  - ○ A letter of support will accompany this application.

Clergy Signature: _____ **Date:** _____

Please return to:
Attn: Michael Scaglione
PO Box 5400
Charleston, WV 25361
304.344.3597 + WVDiocese.org