



**THE EPISCOPAL
DIOCESE OF
WEST VIRGINIA**

Application for License Worship Leader

Name: _____

Address: _____

Email: _____ **Phone:** _____

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

For License Renewals

- ☐ I have been previously licensed in the Diocese of West Virginia for this ministry and have completed all the required Safe Church and Anti-Racism and Dismantling Racism training.

For New Licenses

- ☐ 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: _____

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



**THE EPISCOPAL
DIOCESE OF
WEST VIRGINIA**

**Application for License
Worship Leader**

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.
 - ☐ They have been educated and trained to qualify as a Eucharistic Minister in the Diocese of West Virginia.
 - ☐ They have been instructed in the right, proper, and dignified manner in which to conduct the liturgy of the Church.
 - ☐ 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



THE EPISCOPAL
DIOCESE OF
WEST VIRGINIA

Application for License Worship Leader

p. 2

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