

Central Bay District Leadership Training

A minimum of 10 contact hours are required to complete this course

Name _____

Title of class being taken _____

I. REGISTRATION INFORMATION

I am an active member of _____ United Methodist Church

I understand this will not guarantee a chance to preach, but it will require that I take on leadership roles in my church.

I will actively participate in the learning sessions.

Signature

Home address _____

City _____ State _____ Zip _____

Phone _____

Preferred email address _____

II. CONGREGATIONAL SUPPORT

The Church Leadership Board has discussed this and we agree to nurture the spiritual growth of this person

And to provide opportunities appropriate to their abilities and availability.

Chairperson Signature

Date

III. PASTOR SUPPORT

I have discussed with this person their leadership potential and expectations and recognize that completion of this course is worthy of recognition before the congregation.

Please print:

Pastor name

Signature

Date

Completed form must be submitted to Deb Sturm by email at:
sturmstrum@gmail.com - or can be brought to first day of classes