



Episcopal Diocese of Michigan

**Application for Licensing of Worship Leader  
New or Renewal**

Name of Congregation: \_\_\_\_\_

Address of Congregation: \_\_\_\_\_

Congregational Leader: \_\_\_\_\_

<b>Name and Address of Applicant</b>	<b>Date of Safe Church Training Track 2</b>	<b>Date of Class 1</b>	<b>Date of Class 2</b>	<b>Date of Class 3</b>
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				

I recommend these persons to be licensed as Worship Leader. I certify that they are confirmed communicants and have been carefully selected and trained for this extraordinary ministry.

\_\_\_\_\_  
Signature Congregational Leader

\_\_\_\_\_  
Date