



American Baptist Churches of Connecticut

Lay Ministry Institute Application



Name _____

Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Please respond to the following questions (*If more room is needed, please use reverse side*):

Why are you applying for this Lay Ministry Institute?

Why do you hope to obtain from this educational process?

What are your overall ministry goals?

Are you currently in a leadership position in your church? Yes/No (*circle one*)

If so, what position(s) do you hold? _____

Please include a non-refundable deposit of \$100 to reserve your place in this group
(*Total participant cost for 2017 Lay Ministry Institute is \$450*)

Participant's signature

Date

Pastor's signature

Date