



Anglican Diocese of Ottawa

LICENSED LAY READER Application Form

- New Application
- Transfer
- Renewal

Please return the completed application form to:

*The Reverend Canon Pat Martin
Warden of Lay Readers
37 First St., Box 3033
Morrisburg ON K0C 1X0*

Name: _____
First Initial Last

Address: _____
Number Street Apt. #, Unit #, R.R#, PO Box

City/Town _____ **Prov.** _____ **Postal Code** _____

Contact Information:

Primary Phone: _____ Alternate Phone (if any) _____

Email: _____ Alt Email (if any) _____

Best time to call? Morning Afternoon Evening

Baptism: Year: _____ Place: _____ Church: _____

Confirmation: Year: _____ Place: _____ Church: _____

Received Year: _____ Place: _____ Church: _____
into the Anglican Communion

Reaffirmation Year: _____ Place: _____ Church: _____
of Baptismal Vows

Please use extra pages, if necessary, to answer the following questions.

Describe your Christian faith and experience.



Anglican Diocese of Ottawa

In what areas of ministry have you been asked to serve? (Please check any and all applicable boxes)

- Worship Assistant* *Preaching* *Leading Services*
 Pastoral Care *Administration*
 Religious Instruction (e.g. Baptism or Confirmation) *Other*
-

Why do you want to serve in these ministries? How do you hope to benefit?

What experience, skills and qualifications do you bring to these ministries?

This area left blank for further notes by applicant



Anglican Diocese of Ottawa

Licensed Lay Reader Screening Form

Please read carefully. A checked box indicates agreement.

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I understand that ministry is a privilege, not a right, and that my desire to serve must, at all times, be affirmed by the church through its screening process.

I understand that an appointment as a Licensed Lay Reader requires that I provide three references and acquire a Police Records Check as part of the screening process.

I understand that in accepting a ministry position, I am committing myself to act in compliance with the beliefs, values, policies and processes of the Anglican Diocese of Ottawa.

I have received a copy of the Licensed Lay Reader position description, and understand the responsibilities associated with it. I am aware of the policies that affect this ministry.

I understand that training and accountability are key support for my position. Therefore, I will attend training, as required by the position, and meet regularly with the leader responsible for the ministry to which I am being appointed.

I know that the Parish or Diocese will maintain a file on persons filling medium and high-risk positions, in compliance with the Diocese of Ottawa Screening in Faith Policy. This information is private and will be kept in a secure location. Upon request, I shall be given access to that information and be able to challenge the accuracy and completeness of the information and have it amended as appropriate

Signature of Applicant

Date

This Application Form must be submitted by the Incumbent, along with the Endorsement Form and the applicant's Police Records Check (original, not a photocopy). The Police Records Check will be returned to the applicant.

Please place this completed document in the applicant's file in a locked filing cabinet. Record the completion of this step on the applicant's Screening Checklist Form.

Licensed Lay Reader Reference Check Permission Form

I, _____, give the Anglican Diocese of Ottawa permission to contact the references listed below and representatives of the churches and ecclesiastical jurisdictions listed in my application form to discuss my suitability as a *Licensed Lay Reader*.

Signature: _____ **Date:** _____

List three persons who have knowledge of your qualifications. Your references should be people you know through different relationships and/or situations. For example: a family member, a friend and an employer (paid or volunteer position). Ideally the three references that you provide should come from each of these categories. Please ensure that one of the two non-family references has known you for at least 5 years.

If you have moved from another parish within the last 12 months, please provide one reference from your previous parish. If you have moved from another diocese or jurisdiction please provide a reference from your worshipping community and, if applicable, from your supervisor or person(s) who oversee this type of ministry in that place.

Use the back of this form if additional space is required.

Reference One

Name: _____

First

Last

Address: _____

Number

Street

Apt. #, Unit #, R.R#, PO Box

City/Town _____ Prov. _____ Postal Code _____

Primary Phone: _____ Alternate Phone (if any) _____

Email: _____ Alt Email (if any) _____

Best time to call? Morning Afternoon Evening

Relationship to the applicant: _____ Length of Relationship: _____

Reference Two

Name: _____

First

Last

Address: _____

Number

Street

Apt. #, Unit #, R.R#, PO Box

City/Town _____ Prov. _____ Postal Code _____

Primary Phone: _____ Alternate Phone (if any) _____

Email: _____ Alt Email (if any) _____

Best time to call? Morning Afternoon Evening

Relationship to the applicant: _____ Length of Relationship: _____

Reference Three

Name: _____

First

Last

Address: _____

Number

Street

Apt. #, Unit #, R.R#, PO Box

City/Town _____ Prov. _____ Postal Code _____

Primary Phone: _____ Alternate Phone (if any) _____

Email: _____ Alt Email (if any) _____

Best time to call? Morning Afternoon Evening

Relationship to the applicant: _____ Length of Relationship: _____