**Human Resources Commission**

**Western Ontario Waterways Regional Council**

**of The United Church of Canada**

 ***Connecting, Supporting, Transforming***

**Licensed Lay Worship Leader – Yearly Report Form**

**Contact Information** - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

**Name:** Click or tap here to enter text.

**Full Address:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

**Cell:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Home community of faith:** Click or tap here to enter text.

**Background** - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

**Which year were you licensed?** Click or tap here to enter text.

**When was your most recent LLWL interview? (date)** Click or tap to enter a date.

**Name of your current mentor?** Click or tap here to enter text.

**Mentor contact:** Click or tap here to enter text.

**Please provide:**

* **Most recent police record check (including vulnerable sector):** Click or tap to enter a date. Click or tap here to enter text.
* **I certify that there are no changes since the last police record check:**

(*Signature*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of mandatory continuing education update (date completed):**

* **Racial Justice training:** Click or tap to enter a date.
* **Boundaries Training** Click or tap to enter a date.**:**

**Other continuing education completed:**

* **Name of course:** Click or tap here to enter text.

**Date completed:** Click or tap to enter a date.

* **Name of course:** Click or tap here to enter text.

**Date completed:** Click or tap to enter a date.

**LLWL Services conducted during the last year** - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

|  |  |  |
| --- | --- | --- |
| **DATE** | **COMMUNITY OF FAITH** | **COMMENT (if any)** |
| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
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**Feel free to continue this list by copying & pasting rows, or, attaching a separate sheet.**

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**Please save this form and when complete email to** **LLWL Resource Team****.**