

APPLICATION FOR LAY EUCHARISTIC VISITOR LICENSE
Please return your completed application to your LEV Trainer



EPISCOPAL
DIOCESE of
INDIANAPOLIS

Name _____
Address _____
Daytime Phone _____ Evening Phone _____ E-Mail _____
Congregation _____

Date of Baptism _____ Place of Baptism _____
Date of Confirmation _____ Place of Confirmation _____

If previously licensed as an LEV, license expired on _____

Completion of requirements:

1. Date and Location/Trainer of Diocesan Training _____
2. Date of completion of Praesidium Academy Training (formerly "Safeguarding") _____
3. Background check. Please complete Criminal Background Check Release form and return to Ms. Janet Brinkworth, Executive Assistant to the Bishop, as noted on form.
4. Obtain signatures below

*This person has completed the Lay Eucharistic Visitors Training.

_____ Date _____

Signature of LEV Trainer

*This ministry has the advice and consent of the Vestry/Bishop Committee.

_____ Date _____

Signature of Clerk or Senior Warden

*This application has my recommendation and approval. I believe the above applicant to be stable, pastorally mature and sensitive, and committed to the worship of the Church. Further training⁴ including discussion with me and participation in the education programs of this congregation will be continued under my guidance and authority.

_____ Date _____

Signature of Rector/ Vicar/ Priest-in-Charge

The Bishop will review all applications. A three-year license will be issued only when all requirements are met and this form is completed and received by the Bishop's office. License expires in 3 years from the date of approval and should be renewed upon expiration in order to continue in this ministry. *All lay visitors so licensed must be reappointed upon the election or appointment of a new rector or vicar of the congregation served.*

For use in the Bishop's office:

Date of completed background check _____
Application Approved _____ Date License Expires _____