

## APPLICATION FOR LAY EUCHARISTIC VISITOR LICENSE

Please return your completed application to Janet Brinkworth,  
Executive Assistant to the Bishop, [brinkworth@indydio.org](mailto:brinkworth@indydio.org)  
Or mail to Janet Brinkworth, Episcopal Diocese of Indianapolis,  
125 Monument Circle, Indianapolis, IN 46204



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DIOCESE of  
INDIANAPOLIS

Name \_\_\_\_\_  
Address \_\_\_\_\_  
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. On-line **LEV Training** completed on: \_\_\_\_\_ (Date of training)  
With \_\_\_\_\_ Name of LEV Trainer (*The trainer will e-mail Janet Brinkworth to confirm attendance*)
2. Date of completion of Safe Church Training \_\_\_\_\_
3. **Background check.** Request a background check through Praesidium by talking with your parish SafeChurch coordinator.
4. Obtain **signatures** below

\*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 training including discussion with me and participation in the education programs of this congregation will be continued under my guidance and authority.

\_\_\_\_\_  
Signature of Rector/ Vicar/ Priest-in-Charge Date \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Clerk or Senior Warden Date \_\_\_\_\_

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:

Application Approved \_\_\_\_\_ Date License Expires \_\_\_\_\_