

**REQUEST TO BE CONSIDERED FOR
COMMISSIONED RULING ELDER TRAINING
PRESBYTERY OF LAKE ERIE**

Please submit this completed form to your Session, together with a one- to two-page, typed, double-spaced statement explaining why you would like to participate in Commissioned Ruling Elder training.

Name _____

Address _____

Home Phone _____ **Work Phone** _____

Cell Phone _____ **E-mail** _____

Congregation where you are a member _____

City or Town _____

Current Occupation _____ **# of years** _____

Are you required to work on weekends? Yes _____ No _____ Sometimes _____

Previous Occupation _____ **# of years** _____

Years of Education completed (High School = 12 years) _____

Degree or course of study _____

How did you hear about the Commissioned Ruling Elder program? _____

Signature _____ **Date** _____

