# *Lay Pastor Course Registration*

***Please provide the following contact information:*** Date: _____

Names: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

***The following five items are to help us measure your own sense of development throughout this course. Your answers at the start of the course will provide a basis to compare your sense of progress with later. Please rate how capable you currently feel in the following areas on a scale of 1-10, with 1 being not capable and 10 being very capable.***

People skills
Not capable 1 2 3 4 5 6 7 8 9 10 Very capable

Biblical preaching
Not capable 1 2 3 4 5 6 7 8 9 10 Very capable

Spiritual vitality
Not capable 1 2 3 4 5 6 7 8 9 10 Very capable

Spiritual leadership
Not capable 1 2 3 4 5 6 7 8 9 10 Very capable

Team building
Not capable 1 2 3 4 5 6 7 8 9 10 Very capable

***The following questions help us understand your mindset at the start of this course. Please answer candidly.***

Why did you choose this course?

What would you like to gain from this course?

What ministry capacity would you like to be serving in two years from now?

Are you comfortable allowing the Pennsylvania Conference President to see your student rating? Please circle one of the following:

Yes No

Signature: _____