



Annual Report of Lay Pastoral Associates
Montana Synod, ELCA

Date:

Last Name: **First Name:**

Year LPA Training Completed:

Mailing Address:
City State Zip

Home Phone: **Work Phone:**

Cell Phone: **Email:**

Best way to reach you:

1. Name and location of congregation of which you are a member:

2. What activities have you been involved in as an LPA? (list may be attached)

3. In which congregation(s) did you provide pulpit supply (list may be attached):

4. As you reflect upon the past year, how has being an LPA affected your life?

5. The Continuing Education in which I have been involved this year includes the following:

Continuing Education Contact Hours were: (20 hrs. are expected and encouraged)

6. My most important continuing education learning of this year is:

7. What continuing education offerings would assist you in your lay ministry?

8. Note any concerns or issues you desire to share with Bishop Crist.

9. Who is your Pastor/Mentor?

10. How do you make use of your relationship with your mentor?

Please return this form via email as an attachment to: emccarty@montanasynod.org

If you preached this year, please send a copy of your sermon as well.