

LTCSW Pre-Convention **SERVICE MINISTRY**  
**AWARD CERTIFICATION FORM**

Participant: \_\_\_\_\_

LTCSW ID#: \_\_\_\_\_

Congregation: \_\_\_\_\_

Grade: \_\_\_\_\_

(To be completed by the church coordinator)

This participant qualifies for:  GOLD |  SILVER |  BRONZE

For award requirements, please consult the rules for the Service Ministry event.

I certify that I have met the criteria for receiving a  GOLD  SILVER  BRONZE  
for meeting the requirements for this award.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Adult Certifier Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Service Ministry #1

What was this ministry?

What was your time involvement (number of months, number of times)?

## Service Ministry #2

What was this ministry?

What was your time involvement (number of months, number of times)?