



WASHINGTON STATE JURISDICTION WOMEN'S DEPARTMENT
CHURCH OF GOD IN CHRIST

Mailing Address: Department of Women | P.O. Box 69795 | SeaTac, Washington 98188
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MOTHER GWENDOLYN LAWSON TOWNSEND
JURISDICTIONAL SUPERVISOR

BISHOP ALVIN C. MOORE, SR.
JURISDICTIONAL PRELATE

WSJW Pastor Approval Form

(To be submitted right away to the WSJW Executive Secretary @ executivesecretary@wsjwomen.org)

The purpose of this document is to create a process for a woman to be approved by her Pastor to do ministry work within the Washington State Jurisdiction Department of Women. Fill in the first 6 lines and then have your Pastor sign and date, documenting approval for you to work within this Department.

FIRST NAME: <input type="text"/>	LAST NAME: <input type="text"/>
NAME OF CHURCH: <input type="text"/>	
PASTOR'S NAME: <input type="text"/>	
PASTOR'S CONTACT NUMBER: <input type="text"/>	
PASTOR'S CONTACT EMAIL: <input type="text"/>	

As the Pastor of the above, I approve her to work within the WSJWomen's Department, in the ministry(ies) assigned to her by our Supervisor or the Ministry Leader.

SIGNATURE OF PASTOR: _____

DATE SIGNED: _____

(This form has been approved by the WSJ Bishop and Supervisor. If there are any questions, feel free to contact the WSJW Executive Administrator at: 800-279-9110, 1 or at ExecutiveAA@WSJWomen.org)