



**MOTHERLESS**DAUGHTERS  
*Ministry*

## **MOTHERLESS DAUGHTERS** Facilitator Application Form

Motherless Daughters Ministry  
PO Box 1121 • West Chester, OH 45071  
[www.motherlessdaughtersministry.com](http://www.motherlessdaughtersministry.com)  
[motherlessdaughtersministry@gmail.com](mailto:motherlessdaughtersministry@gmail.com)

### **Instructions:**

1. Download the application form.
2. Respond to the questions and fill in the boxes
3. Save your application.
4. Send your application to [Motherlessdaughtersministry@gmail.com](mailto:Motherlessdaughtersministry@gmail.com) along with your registration fee.

Complete this application along with your \$125.00 fee. If you do not meet the requirements for this class, your money will be refunded to you prior to June 11, 2019



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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last Middle First

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary telephone number to reach you: \_\_\_\_\_

Emergency Contact and number: \_\_\_\_\_

Email: \_\_\_\_\_

Education Level: Diploma \_\_\_\_\_ Some College \_\_\_\_\_ Bachelors \_\_\_\_\_ Masters \_\_\_\_\_

Certifications or licensures held: \_\_\_\_\_

CEUs required? \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_

Currently Employed? Yes \_\_\_\_\_ No \_\_\_\_\_ Employer: \_\_\_\_\_

May we contact your church and organization about the Motherless Daughters Ministry?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name of organization & Phone number: \_\_\_\_\_

*Completion of the Journey class or retreat is a prerequisite to become a facilitator.* Year attended?

\_\_\_\_\_

Who facilitated your class? \_\_\_\_\_

Have you attended other mother loss classes? \_\_\_\_\_

What class? \_\_\_\_\_

When? \_\_\_\_\_

Who facilitated your classes? \_\_\_\_\_

Why do you want to become a Facilitator? \_\_\_\_\_

\_\_\_\_\_

In what ways have you led or facilitated groups in the past? \_\_\_\_\_

Please provide the names and contact numbers for 3 individuals (not family members) who have been in groups you have lead or participated and would be willing to tell us your skills.

Name	Phone	Email
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Name	Phone	Email
------	-------	-------

Name	Phone	Email
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If you have not led groups in the past, provide us with the names and contact numbers for 3 individuals (not family members) who have been in groups with you and would be willing to share their experience of your time together.

Name	Phone	Email
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Name	Phone	Email
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Name	Phone	Email
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*Continue to **page 3** to complete.*

**This training requires a large time commitment. Please understand you must complete all classes to be considered for certification. If a conflict arises it is your responsibility to work with the leader to cover missed materials.**

Please initial that you understand what is stated above \_\_\_\_\_

This information will be held in confidence. Your application process will be incomplete until we have contacted your references and have connected with you.

**Once you complete this training, if you do not begin to volunteer in the Motherless Daughters Ministry within 3 months of completing your training, a bill for \$400.00 will be sent to you.**

In obedience to God's calling, we trust you will act with integrity and will meet your responsibility in either time given or fee paid to the Motherless Daughters Ministry.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

RESERVED FOR STAFF USE ONLY