



MOTHERLESSDAUGHTERS
Ministry

MOTHERLESS DAUGHTERS

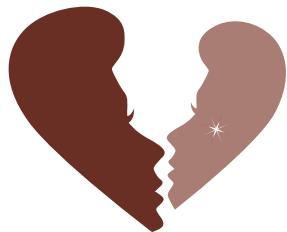
Facilitator Application Form

Motherless Daughters Ministry
PO Box 1121 • West Chester, OH 45071
www.motherlessdaughtersministry.com
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 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



MOTHERLESSDAUGHTERS
Ministry

MOTHERLESS DAUGHTERS

Facilitator Application Form

Motherless Daughters Ministry
PO Box 1121 • West Chester, OH 45071
www.motherlessdaughtersministry.com
motherlessdaughtersministry@gmail.com

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

Name

Phone

Email

Name

Phone

Email

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

Name

Phone

Email

Name

Phone

Email

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