



Facilitator Application

Name: _____ Date _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Day: _____ Phone Evening: _____

Email: _____ Cell: _____

1. How did you learn about Renewing Life?

2. When & Where did you attend Renewing Life as a participant?

3. What are 4 strengths that you would bring to Renewing Life as a facilitator?

4. What leads you to apply for Renewing Life certification at this point in your life?

5. What are your goals for facilitating a Renewing Life group?

6. Are there any concerns you have about being a Renewing Life facilitator?

7. Are you able to make at least a one-year commitment to being a Renewing Life Facilitator?

8. Do you speak any foreign languages?

_____ Speak Read Write Fluent

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Please list three references:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I, _____ certify that the information contained on this form is accurate. I authorize the Renewing Life to verify the information stated above. I understand that if I am selected, I will undergo a formal background check.

Signature: _____

Date: _____