



Episcopal Diocese of Massachusetts
CHRISTIAN EDUCATION
2018 Trainer Application Form

APPLICANT'S CONTACT INFORMATION:

NAME:

ADDRESS:

CITY/TOWN:

STATE:

ZIP CODE:

HOME PHONE:

MOBILE PHONE:

EMAIL ADDRESS:

NAME OF CONGREGATION:

CITY/TOWN:

DATE AND LOCATION OF TRAINING:

Have you discussed becoming a trainer with the clergy in your congregation? Yes ☐ NO ☐

List your areas of experience and expertise:

In what area do you want to be a trainer and why? (Feel free to use additional pages)

STATEMENT OF UNDERSTANDING:

To become a trainer be prepared to fulfill the following requirements:

- Participate in preparations for a workshop with a trainer who will act as a mentor and guide and attend as an observer.
- Team teach a workshop with a certified trainer.
- Lead or assist in leading a workshop every year.
- Attend annual trainer's retreat or train the trainer workshop.

Signed: _____

Date: _____

PROVIDE CONTACT INFORMATION FOR TWO REFERENCES:

NAME:

POSITION:

EMAIL:

PHONE:

NAME:

POSITION:

EMAIL:

PHONE:

PLEASE E-MAIL OR MAIL ALL COMPLETED FORMS TO: