



# Renewing Life 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

\_\_\_\_\_  Speak  Read  Write  Fluent

\_\_\_\_\_  Speak  Read  Write  Fluent

**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:** \_\_\_\_\_