



STAR Project Train-the-Trainer

Registration Form 2016-17

2016-17 Training Schedule

Day 1 - Thursday, November 10 – 5:00p to 9:00p (Required)

Day 2 - Friday, November 11 – 10:00a to 4:00p ____

Day 2 - Saturday, November 12 – 10:00a to 4:00p ____

DAY 2
REQUIRED
SELECT ONE

Day 3 - Friday, January 6, 2017 – 3:00p to 6:00p Recap & Refresher (Required)

What is your profession? _____ Are you retired? _____

Name _____ DOB _____

Address _____

City, State, Zip _____

Home Ph _____ Work Ph _____ Cell Ph _____

E-mail _____

Ministry or community volunteer experience _____

Education: GED__ HS__ AD__ BA__ BS__ MA__ Doctorate__ Other _____

Current licenses/professional certifications _____

List any special needs (physical, dietary, etc.) _____

Pastor/ Church Leader Name _____

Church Name _____ Denomination _____

Website _____ # of Adult Members _____

By signing below, I agree to attend the three required class dates to complete this course.

Signature of Applicant

Date

Wellness Ministry Leader Acknowledgement (If you are not the Wellness Ministry Leader, this section must be completed by the WML.)

I recommend this applicant for STAR TTT and pledge to support his/her work as a STAR Project Leader.

Signature of Wellness Ministry Leader

Phone Number

Date

For additional information call: Nurse Manager 504-593-2339 or Lay Health Coordinator 504-593-2330