



2018-19 Training Schedule

Day 1 - Thursday, November 1, 2018 – 5:00p to 9:00p (Required)

Day 2 - Friday, January 11, 2019 – 10:00a to 4:00p ____

Day 2 - Saturday, January 12, 2019 – 10:00a to 4:00p ____

**DAY 2
REQUIRED
SELECT ONE**

*******Proof of the church’s active status from LA Secretary of State must be attached*******

What is your profession? _____ Are you retired? _____

Name _____ **Age:** 18-29 ____ 30-39 ____ 40-59 ____ 60-79 ____ 80 + ____

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 _____

*Church must be registered with the Louisiana Secretary of State and be listed in good standing.
The official business name and domicile of the church must match Secretary of State of website.*

Website _____ # of Adult Members _____

By signing below, I agree to attend the two (2) 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 _____
Date _____
Phone Numbers

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