



FACILITATOR APPLICATION

FACILITATOR INFORMATION

Name:			
Date of birth:		Nation of Origin:	
Current address:			Home Phone:
City:	State:	ZIP Code:	
Email:			Cell Phone:
License or Ordination with who if any?			
Are you a member of the EFCA Ministerial?			
What language ability other than English?		Proficiency: Speaking Reading Writing (circle)	

CHURCH INFORMATION

Church serving/attending or mission organization:			
Church /ministry address:			How long?
Phone:	How many on staff?		Have you planted a Church?
City:	State:	ZIP Code:	EFCA District:
Position:	Church /ministry Website:		

EDUCATIONAL HISTORY

Name of Education/ Training : (College, Seminary)	Credential attained

REFERENCES: DISTRICT SUPERINTENDENT & TWO CHURCH MEMBERS (ONE LEADER)

Name	Address	Phone

SIGNATURES

I authorize the verification of the information provided on this form.

Signature of applicant:	Date:
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Photo and Video Release: I acknowledge that attendance at GATEWAY events grants permission to use the above named person's photographs and images in GATEWAY and other EFCA promotional materials

