

Staff Application

Please answer each line or enter N/A where not applicable.

Please print clearly.

Training Location: _____ Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone#: _____ Work Phone#: _____

Email: _____

Date of Birth: _____ Cell Phone #: _____

Occupation: _____

Health Conditions (i.e. pregnancy, blood pressure, etc.) _____

Medication currently taking: _____

Previous Staff Experience: (dates & positions): _____

I am: RN LPN MD Licensed Therapist Psychologist

Certified in First Aid? ___ Date : _____ CPR? ___ Date: _____ BLS? ___ Date _____
(please attach copy of certifications to this application)

I wish to be assigned: (i.e. nurturer, snacks, ritual, music, etc.) _____

I am on the Facilitation Track: yes no Certified at Level: ___

I am interested in entering the Facilitation Track: yes no

What I bring to the Weekend as my gifts: _____
_____ as my shadows _____

I attended my own Woman Within® Training: _____
(date & place)

^ I have completed the Woman Within® One-Day Staff Training
When? _____ Where? _____

^ I have completed the Woman Within® *Women Empowering Women*
When? _____ Where? _____

^ I have completed the Woman Within® Level 2 (Leadership Training):
When? _____ Where? _____

Other ways I support myself for ongoing development are:

Signature _____ Date: _____

Additional information is welcome. Attach extra sheets as required

Return Application to: (region where you wish to staff)