

Life After Loss Facilitator (LAL) Facilitator's Training Application

Name: _____ Degree: _____

Home Address: _____ City/State/Zip: _____

Profession: _____ Preferred Mailing Address: __ Home __ Work

Employer: _____ Position: _____

Work Address: _____ City/State/Zip: _____

Day Phone (____) _____ Cell (____) _____ Fax Number (____) _____

E-mail address: _____

Check the following if applies:

____ I am a veteran or ____ Had a family member who serves or served in the military.

If so, indicate the following relationship: __Parent __Spouse __Grandparent __Sibling __Child

Past/Present LAL Involvement: _____

LAL Training Programs Attended and Dates: _____

Other Facilitator Experience: _____

With what hospital or other institution will you be offering the LAL program(s) in your community?

When do you anticipate beginning this program? _____

Program Agreement: (Must be signed before you application will be accepted.)

I agree that I will conduct the program(s) for which I am trained as an Ecumenical Center volunteer. Further, I agree that I will recognize The Ecumenical Center in all program promotions. I will report all program promotions and forward all attendance records to my local EC staff.

Signature: _____ Date: _____

For Office Use Only

Trainers: _____

Date Trained: _____ City: _____

Comments: _____