

Date \_\_\_\_\_ Complete application and submit to Acts 29 Trainer Trainer: \_\_\_\_\_

Last Name:		First Name:		Email:		Cell #	
Address		City		State		Zip	
Do you regularly participate in an EPIC Cell? <input type="checkbox"/> Yes <input type="checkbox"/> No				Who is/are the Cell Leader(s)?			

### Acts 29 Training Segments Completed

Video & Workbook	<input type="checkbox"/>
Live Training	<input type="checkbox"/>
10 Visits	<input type="checkbox"/>

### Tools demonstrated on a visit

Gospel Outline	<input type="checkbox"/>	Holy Spirit	<input type="checkbox"/>
Healing	<input type="checkbox"/>	FBS	<input type="checkbox"/>

\_\_\_\_\_  
*Signature—Trainee*

### Endorsements

\_\_\_\_\_  
*Signature— Cell Leader*

\_\_\_\_\_  
*Signature—Captain*

Admin use only

Date:

Int:	G.O.	H.S	Healing	FBS
R:				