

Date _____ Complete Application and submit to Zone Leader _____ Zone Leader: _____

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

Video & Workbook Completed <input type="checkbox"/>	(Leave Blank-Admin use)
# of Ministry Visits (1-10)	List tools personally used on a visit

Check EPIC Processes Completed

EPIC Values <input type="checkbox"/>	BASICS <input type="checkbox"/>	R 12 <input type="checkbox"/>	FIREBRAND Curriculum <input type="checkbox"/>	Mastering Word of God <input type="checkbox"/>
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I am hereby declaring I have completed the video and workbook segment of my training and now applying to attend the live training segment of the Acts 29 Ministry Training.

 Signature Applicant

 Signature Cell Leader

Date
Received by Zone Leader

Date
Received by Acts 29 Trainer

Date: Live Training Completed
Trainer: _____