

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)?			

### 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"/>
--------------------------------------	---------------------------------	-------------------------------	---	--

### Acts 29 Training-Check all that have been completed

Video & Workbook <input type="checkbox"/>	Live Training Class <input type="checkbox"/>	Trainee <input type="checkbox"/>
# of Ministry Visits (1-10)	How many visits have you led?	Captain Appointment <input type="checkbox"/>

### Declarations & Sponsorship

I/We am/are aware of the requirements for Cell Leadership and Training, I understand them and I've met the requirements to apply for Cell Training.

\_\_\_\_\_  
Signature Applicant

\_\_\_\_\_  
Signature Applicant

I have reviewed and made aware to the applicant the requirements for Cell Leadership & Training and sponsoring them for Training.

\_\_\_\_\_  
Cell Leader

\_\_\_\_\_  
Assistant/Secretary