**Stewards of Children Facilitator Training**

October 13, 2015 – 9:00 a.m. – 5:00 p.m.

Location: Children’s Hospital of Wisconsin – Community Services

705 S. 24th Ave., Wausau, WI

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am an Intermediate or Master Trainer on The Registry: \_\_\_\_\_Yes \_\_\_\_\_No

Counties in which you anticipate offering the Stewards of Children training ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Number of trainings you anticipate offering annually \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be willing to do a maximum of two Stewards of Children programs in your community free of charge annually if requested through Awareness to Action?

Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

I am an approved trainer of the following curriculums (please list):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate why you are interested in becoming a Stewards of Children Facilitator:

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Describe your/your agency’s ability to provide and support the training and who your target audience(s) will be:

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To be considered for the next Stewards of Children Training, please:

1. Fill out the above application and mail to Mary Kleman, Children’s Hospital of Wisconsin, Community Services, 325 N. Commercial St., Suite 400, Neenah, WI 54956. Email submissions will also be accepted at Mary.Kleman@cssw.org.
2. **Application must be received by the end of the day on September 18, 2015**. Late submissions will not be accepted. Applicants will be notified of their status by September 23, 2015.
3. If your application is accepted, you must be available and attend the training on October 13, 2015. If you accept and do not attend the training, you/your organization will reimburse A2A your $350 registration fee which is required by Darkness to Light.
4. By becoming a facilitator trained by Awareness to Action, you agree to have participants in your trainings fill out all evaluation tools required by A2A and return to A2A within one week of the training. Awareness to Action agrees to provide all facilitators with a summary document of the participant evaluation results one time/year.
5. Be willing to adhere to and sign the Stewards of Children Facilitator agreement with A2A. Facilitator Agreement will be signed prior to attending the Facilitator Training.
6. You may use additional space if needed to complete the questions above on the application.

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Applicants Signature Agency Director’s Signature if applicable

Contact Mary Kleman, Mary.Kleman@cssw.org or (920) 969-7955 if you have any questions.

Thank you for your interest in becoming a Stewards of Children facilitator.