**Stewards of Children Facilitator Training**

May 9th – 9:00 a.m. – 5:00 p.m.

Location: Children’s Hospital of Wisconsin – Community Services

705 S. 24th Ave., Ste.400

Wausau, WI 54401

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., Neenah, WI 54956. Email submissions will also be accepted at MKleman@chw.org.
2. **Application must be received by the end of the day on Friday, April 12, 2019**. Late submissions will not be accepted. Applicants will be notified of their status by Tuesday, April 16, 2019.
3. If your application is accepted, you must be available and attend the training on Thursday, May 9th. If you accept and do not attend the training, you/your organization will reimburse A2A your $450 registration fee if it is still 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. Participant is responsible for cost of travel associated with the training
6. You may use additional space if needed to complete the questions above on the application.
7. If your application is accepted, you will be given instructions on how to register for the training through Darkness to Light. Only individuals approved for training will be able to register.

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Applicants Signature Agency Director’s Signature if applicable

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

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