

OMEGA

Trainer Application and Agreement

Personal Information:	
Name:	
Address:	
City, State, Zip	
Phone:	
E-mail:	
Home Church:	
References:	
Please provide the name of two individuals who can provide testimony of your character and calling in ministry. One of the individuals must be a pastor or leader in the church.	
<i>Pastor or Leader Name:</i>	
Address:	
City, State, Zip:	
Phone:	
Church:	
<i>Other Referral Name:</i>	
Address:	
City, State, Zip	
Phone:	
Church:	

As a Trainer for the Omega Course, I agree:

- To use the provided power point or keynote slides and not alter the content in any way.
- Insert and use video clips that are appropriate for my audience.
- To complete the Omega Course as a participant before teaching it to others.
- To e-mail or fax the Testimony and Involvement Forms to Life Spring Network upon completion of the course.
- To Purchase Resources from the appropriate Life Spring Network distribution source.
- To engage in mentoring relationships as a Mentee and Mentor.

I Am/Have:

- * Attended the Leading the Omega Experience Conference.
- An Ordained Minister who has been affirmed in my Teaching and Preaching gifts.
- * Been appointed by my Church leadership to function as a teacher and trainer of others.

Signature: _____

Date: _____

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Referrals:

Please provide the name of a few pastors that believe in Mentoring and you would like to recommend as Omega Course Trainers. We will contact them and invite them to connect with Life Spring Network.

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