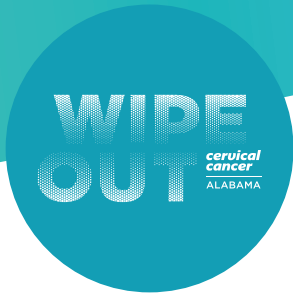
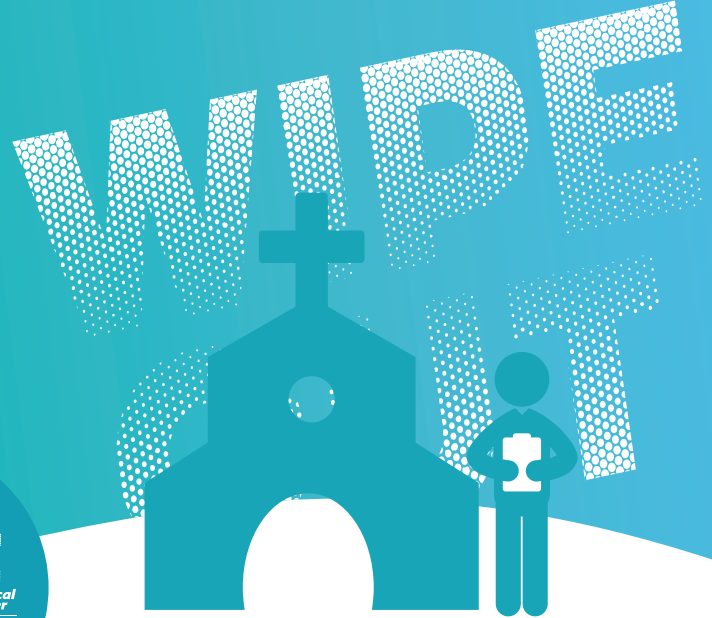


Congregational Health Leader Application



Name: _____

Phone Number: _____

Email: _____

Why are you interested in becoming a Congregational Health Leader?

Are you willing to commit to training sessions and outreach activities for one year?

Yes No

Do you have experience in health ministry, education, or community service?

Yes No | If yes, please describe:

Pastor's Recommendation: _____