

Name	<input type="text"/>
Name as you want it to appear on your name badge	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP+4	<input type="text"/>
Country	United States of America <input type="button" value="v"/>
Home Phone	<input type="text"/>
Work Phone	<input type="text"/>
Cell Phone	<input type="text"/>
Email	<input type="text"/>
Date of Birth	Day <input type="button" value="v"/> Month <input type="button" value="v"/> Year <input type="button" value="v"/>
Health conditions that impact my stamina and capacity to lift and carry	<input type="text"/>
Special accommodations needed to staff	<input type="text"/>
I am a health care professional	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify: <input type="text"/>
I am certified in CPR	<input type="radio"/> Yes <input type="radio"/> No If yes, certification expiration date: Day <input type="button" value="v"/> Month <input type="button" value="v"/> Year <input type="button" value="v"/>
I am certified in First Aid	<input type="radio"/> Yes <input type="radio"/> No

	If yes, certification expiration date: Day <input type="text"/> ▼ Month <input type="text"/> ▼ Year <input type="text"/> ▼
Date and location of my Woman Within Weekend	Month <input type="text"/> ▼ Year <input type="text"/> ▼ <input type="text"/>
I have completed the Woman Within Staff Training (formerly called One Day Staff Training).	<input type="radio"/> Yes <input type="radio"/> No If yes, when: Month <input type="text"/> ▼ Year <input type="text"/> ▼ and where: <input type="text"/>
I have completed the Woman Within Skills Workshop (formerly called Women Empowering Women Workshop)	<input type="radio"/> Yes <input type="radio"/> No If yes, when: Month <input type="text"/> ▼ Year <input type="text"/> ▼ and where: <input type="text"/>
I have completed Woman Within Wholeness Workshop (formerly called Woman Within Level 2)	<input type="radio"/> Yes <input type="radio"/> No If yes, when: Month <input type="text"/> ▼ Year <input type="text"/> ▼ and where: <input type="text"/>
I have completed the Woman Within/Empowerment Circle Training	<input type="radio"/> Yes <input type="radio"/> No If yes, when: Month <input type="text"/> ▼ Year <input type="text"/> ▼ and where: <input type="text"/>
Number of times I have staffed a Woman Within Weekend	<input type="text"/>
Level on Woman Within facilitation track:	Not applicable <input type="text"/> ▼
I want to be considered for the following staff positions	<input type="checkbox"/> Nurturer <input type="checkbox"/> Ritual <input type="checkbox"/> Music <input type="checkbox"/> Facilities <input type="checkbox"/> Room <input type="checkbox"/> Timer <input type="checkbox"/> Snacks <input type="checkbox"/> Safety

	<input type="checkbox"/> Team Leader <input type="checkbox"/> Assistant Team Leader <input type="checkbox"/> Small Group Leader <input type="checkbox"/> Facilitation Team Member <input type="checkbox"/> No specific requests
Language(s) other than English that I speak fluently	<input type="text"/>
Through staffing, I seek to gain	<input type="text"/>
I support my ongoing growth and development by	<input type="text"/>
Select the dates of each Woman Within Weekend you are applying to staff	<input type="checkbox"/> June 9-11, 2017; Racine, WI (southeastern WI) <input type="checkbox"/> September 29-October 1, 2017; Crestwood, KY (Louisville metro area) <input type="checkbox"/> November 10-12, 2017; Racine, WI (southeastern WI)
<p><b><i>I commit to be accountable by keeping a record of the WOMAN WITHIN WEEKEND dates I requested. (Print your application before submitting by email.)</i></b></p>	
<p>If I am no longer available to staff the Weekend(s) which I requested, I commit to inform Mary Ann Armour, Director of Training for Woman to Woman Midwest <b>ASAP</b>.</p>	
Signature	<input type="text"/> If emailing, your typed name here constitutes your signature.
Date	<input type="text" value="Day"/> <input type="text" value="Month"/> <input type="text" value="Year"/>
Submit application	<input type="button" value="Submit by Email"/> or print and send by mail to: <a href="#">Mary Ann Armour</a> 1010 South Carolina St Louisiana, MO 63353-2328