

COUNSELING ADVISORY TEAM
Application for Presenters

1. Name of applicant _____
Address _____
Phone _____ Cell _____
E-mail _____
Credentials _____
Degree(s)(school & date graduated) _____

2. Please attach copies of your Michigan State License to practice and your current practitioners liability insurance.

3. Start and end dates of group: _____ to _____
Frequency _____ Time _____
Maximum number of participants _____

4. Please describe your group content and format to be used. How will it be faith-based?

5. Please list your previous experience with this topic(e.g., groups led, talks given, etc..)

6. Note that all monies received via check MUST be made out to the group leader.

7. Please sign that you agree with the 80/20 split for fees collected (80% to the leader, 20% to the church for overhead expenses – Note: you will be on the honor system). Also, that you are in agreement that you are not operating as a representative of the Dexter United Methodist Church.

Signature

Date