



Coaching for Leadership Application to Clergy Coaching Program

Name: _____

Home Address: _____

Office Address: _____

(Please indicate your preference of contacts.)

Home Phone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

Employer's web site: _____

Current call/position – title and primary responsibilities: _____

Have you previously worked with or are you working with a Coach Therapist

Year ordained, if applicable: _____ Denomination/Religious organization: _____

Previous history in ministry and in prior career(s), if applicable: _____

Are you currently subject to disciplinary action by a church body? Yes No

