



Dorothea Shields, Co-Director
PO Box 280, Royse City, TX 75189
Phone: 972-635-2216
overcomers@carecenterministries.org
www.RecoverySupport.org

Application for Program Director

Please complete both pages of information, sign and date at bottom of page.

Applicant Information:

Your Name (print or type clearly, as you wish it to appear on your certificate) Birth Date

Full Address State ZIP

Your Preferred Phone Number Your Email Address

Training Information:

Name of the church, ministry, or person that supervises your ministry in the Overcomers program

Address State ZIP

Pastor or Supervisor's Name Church/Organization Phone Number

Date you completed workbook, Date you completed the If ex-prisoner, your release date
A Daily Choice Leadership Training Seminar

Name of organization or person who sponsored the Leadership Training Seminar you completed

I have enclosed a copy of my Instructor's certificate Yes No

Your signature authorizes Overcomers, Inc., to verify all information provided.

Signature Date

COMPLETE INFORMATION ON Page 2

If you were an alcoholic or addict, your sobriety date _____

Your addictions were _____

Name and address of organization(s) where you facilitated two required 90-day groups

1. _____
Name of church, prison or organization Instructor's Name

Address City State Zip

2. _____
Name of church, prison or organization Instructor's Name

Address City State Zip

The two new groups you have established, if different from above.

1. _____
Name of church, prison or organization New Instructor's Name

Address City State Zip

2. _____
Name of church, prison or organization New Instructor's Name

Address City State Zip

How often do you schedule Leadership Training Seminars? _____

How can we better assist you?

