



# Staffing Application

October 17 - 20, 2019 • Wrightwood, CA

Application Deadline: TBD

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_

Has a participant signed up for this H.E.R. Weekend due to your encouragement? \*\*  YES  NO

If so, which participant? \_\_\_\_\_

Has she indicated that she would like you to staff?  YES  NO

Are you applying to staff as part of a couple? If so, with whom?  YES  NO

**Which Trainings have you completed?**

- H.E.R. Weekend Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- MKP New Warrior Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Woman Within Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Mystic Warrior Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Next Step Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Which trainings have you staffed? [Please include number of staffings]**

**What special talents, energies and/or passions, intentions, experiences do you bring to the H.E.R. Weekend?**

**Which processes/roles on the H.E.R. Weekend would you most like to participate in? [Please be specific]**

**Do you have training in the field of Medicine or Psychotherapy?  YES  NO If so, please elaborate:**

Email, fax or mail your completed form and payment to:

Email: [staff@herweekend.net](mailto:staff@herweekend.net)

Fax: 888-589-2497

**H.E.R. Weekend**  
P.O. Box 77  
Woodland Hills, CA 91365

Phone: 818-518-3850

[www.herweekend.com](http://www.herweekend.com)

Staff are chosen based on the specific needs and requirements of our training and represent a balance of leadership. \*\*Those who sponsor women to the H.E.R. Weekend are not guaranteed a staffing position.

**Eligibility:**

- Women who have completed the H.E.R. Weekend.
- Men who have completed the MKP New Warrior Training Adventure.

**Requirements:**

- This form **must** be completed legibly and in its entirety.
- A Staff Fee of **\$150.00** is due **3 weeks** prior to training.
- The Staff Coordinator will distribute protocols approximately 3 weeks prior to training. Please learn/memorize your assigned process.

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Date]