



Self Nomination Information – ACTS Missions Retreat Director

ACTS Missions Director Adult English: _____ **Adult Spanish:** _____

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Employer: _____ Job position: _____

Fluent in Spanish: **Yes / No** Marital Status: _____ Catholic: **Yes / No**

Spouse's Name: _____

Church & ACTS Retreat Information

Parish:		Date of 1st ACTS retreat:
# of times on Team:	Have you served on a Mission Team? Yes / No	
Date(s) and Parish Directed ACTS Retreat:		
Date(s) and Parish Co-Directed ACTS Retreat:		
Date(s) and Parish Spiritual Companion on ACTS Retreat:		
Parish Activities:		

Summary of Nomination

Safety & Background Check Archdiocese of St. Louis (Protecting God's Children for Adults): Yes / No	If YES, please return a copy of Certificate and background check with Nomination Form. If NO, are you willing to attend prior to beginning Formation? Yes / No
Attended Leadership Workshop in past three years: Yes / No DATE:	If NO, are you willing to attend as soon as possible before or during Formation? Yes / No
Notes:	
Nominee has permission to facilitate an ACTS Retreat outside of _____ Parish	
Active Parish Pastor's Signature: _____	

Important. Please attach the following with this form: Return to: Lois Kruessel STC ACTS, 4560 Emerald View Ct. , Eureka, MO 63025 Or by email: nonie.kruessel@gmail.com

- A short biography / ACTS resume' of yourself.
- As Director, Co-Director or Spiritual Companion a copy of your most recent detailed ACTS Retreat Weekend Schedule
- Certificate of Training Attendance – Protecting God's Children for Adults and a copy of background check– if completed