

REPARTIONS TRAINING

Participant Sign Up Information

First Name: _____ Last: _____

Email: _____ Phone: _____

Name of Faith Organization Affiliation: _____

Address _____

Your Servant Position is: _____ -

Training Date(s) _____ **Location:** _____

Received: Sabbath/Sermon Guide () Bible Study Guide () Speaker ()

Tell us what you know about Reparations

() I know a little about Reparations () I don't know anything but I am curious

() I am familiar with the call for reparations from slavery

() I want to know what my faith community can learn, teach or do

What do you expect from the training? _____

History

Have you or a family member benefited from slavery?

() Yes () No () I don't know

Can you name any harms from slavery? () Y () No

What did you like best about this training? _____

Least? _____

What could have improved?

Please **Rate the Session** **5 Excellent to 1 Poor:** **Rate the Facilitator**

1 () 2 () 3 () 4 () 5 () and 1 () 2 () 3 () 4 () 5 ()

Will you recommend this training to others? () Yes () No () Maybe

reparationsj@gmail.com