

EAGLE Reviewer Application

Contact Information

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Current Employment Information

EAGLE Accreditation will use this information to pair you with similar organizations.

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Type of Facility/Program (Check all applicable categories): _____

- Children, Youth & Family
- Ministry to Persons with Disabilities
- Older Adult Ministry
- Community Service Center
- Childcare Center
- Other Please Describe: _____

Number of Sites: _____

Education & Specialized Studies

Please list any pertinent education, specialized studies or certifications that you have obtained.

Experience

List experience in any of the following categories, including your title or role, the organization name and the dates of service.

- Older Adult Ministries
 - Children and Youth Services
 - Ministries of Persons with Disabilities
 - Church Relations or Church Representative
 - Hospitals & Healthcare Systems
 - Childcare
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Reviewer Experience

Are you a reviewer with any other accrediting body? Yes No

If so, please list the accreditation program(s)? _____

Have you managed or coordinated an accreditation process at your organization? Yes No

If so, please list the accreditation program. _____

Is your organization currently EAGLE Accredited? Yes No

Additional Information

How did you learn about becoming an EAGLE Reviewer? _____

Did someone refer you to become an EAGLE Reviewer? Yes No

If so, who? _____

Have you ever been a team member or a team leader for an EAGLE review?

Team member Yes No

Team leader Yes No

____ I understand that by submitting this application I agree to participate on at least one site visit annually, as warranted by the number of scheduled site visits. I also understand that submitting this application does not guarantee that I will be accepted as a peer reviewer. Selection and scheduling of peer reviewers is completed at the sole discretion of the United Methodist Association.

Required Signatures

Applicant _____ Date _____

President/CEO or Equivalent _____ Date _____