Blue Cap Prerequisites

	UR and/or Associational Leadership recommendation. (i.e. DR State or Zone Ministry Coordinator, or DOM/Associational	
N	lissionary recommends candidate)	
N	ame:	Date:
	etter of recommendation from pastor ent to the BGCO DR office.	or DOM/Associational Missionary
N	ame:	Date:
N	Candidate completes study of the "Unit Director (Blue Cap) Training Manual" and notified the State Ministry (i.e. Feeding, Mud-out, Chainsaw, etc.) Coordinator	
		Date:
a	State/Zone Ministry Coordinator personally visits with the candidate to affirm understanding of the Training Manual and answer any of the candidate's questions.	
N	ame:	Date:
5. C	Candidate attends training with the Stat	e Director
		Date:
	een thoroughly trained and equipped t homa Baptist Disaster Relief. And I will	•
	Candidate's Name/Signature	
Send co	mpleted form to BGCO DR office	State Director: