

# B.eloved E.ssences A.ncient M.aster S.pirit B.E.A.M.S. Ambassador

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## Beloved Essences Ambassador Training Applicant Questionnaire

Thank you for your interest in becoming a Beloved Essences Ambassador. Please complete the following information so we determine the best way we can show up for each other in development and growth. Answer the questions in 25 words or less and return this questionnaire to [madalyn@belovedessences.com](mailto:madalyn@belovedessences.com). Please be sure to check your phone number and email address before sending so I have a valid way of contacting you. Have a fun filled and Awesome day and get Excited!! Things are starting to change in a super positive way!!! 😊

Today's Date:

Name:

Phone:

Cell Phone:

(√ the best number to reach you)

Company Name:

Address:

City, State, Zip:

Time Zone:

Email:

Website:

1. How did you hear about us?

2. What service profession are you in?

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3. If you have a business, how long have you had your business?
  
4. Is the work you are engaged in currently your passion and purpose?
  
5. What is your experience with using Beloved Essences Egyptian Essences?
  
6. What is your understanding of Law of Attraction?
  
7. How have you been applying it to your life and your business?
  
8. Do you believe in the concept of a higher power? If so, please describe the most useful and empowering aspects or your relationship with this higher power. If not, which reference point do you use?

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9. What interferes most with your connection to your higher power?
  
10. How are you currently utilizing that higher power in your life?
  
11. How are you currently utilizing that higher power in getting your business, your mission out in the world?
  
12. Why are you interested in becoming a Beloved Essences Ambassador on any level?
  
13. Which level of the Beloved Essences training would you like to attain?
  
14. What is your vision for your work? What contribution do you want to make in this lifetime?
  
15. What role do you see the Essences from Beloved Essences would play in your business and or mission?

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16. What do you see as the major challenges holding you and your business back from growing at the pace you want?
  
17. How important is it for you to overcome your challenges and achieve your goals?
  
18. Do you feel you are open to new ideas, open to change, coachable and understand that you don't know what you don't know?
  
19. Are you ready to learn something new and allow totally outside of the box thinking?
  
20. Are you ready to grow and succeed?
  
21. On a scale of 1-10, 10 being high, how well do you feel Beloved Essences will merge into or compliment your current business?
  
22. On a scale of 1-10, 10 being high, how committed are you to investing in yourself in order to be successful in your business?
  
23. Are you **EXCITED** and **READY** to get started?

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24. What else do you want us to know about you?

Answer the questions in 25 words or less and return this questionnaire to [rose@belovedessences.com](mailto:rose@belovedessences.com) or [madalyn@belovedessences.com](mailto:madalyn@belovedessences.com)

Please be sure to check your phone number and email address before sending so we have a valid way of contacting you.

Approved Applicants for Beloved Essences Ambassadors as Independent Distributors will be responsible for filing and maintaining their own tax requirements and sales tax number in their state.