



Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**EDUCATION**

School	City/Town	Major	Year	Degree
High School				
College				
Graduate School				
Other				

Have you had any training or experience in serving as a group leader or facilitator? \_\_\_\_ YES \_\_\_\_ NO

If YES, please describe below or on a separate sheet of paper

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List other skills and experiences

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# THE COURAGE TO SPEAK® FOUNDATION COURAGEOUS PARENTING 101® FACILITATOR APPLICATION

Please explain below or on a separate sheet of paper why you are interested in serving as a facilitator for *Courage to Speak® - Courageous Parenting 101®* and or presenting to your parents groups.

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Are you associated with a school, agency, church or synagogue, or other community agency that would be interested in hosting a *Courage to Speak® - Courageous Parenting 101®* program?  YES  NO

If YES, Contact Name \_\_\_\_\_

Organization \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Tuition for *Courage to Speak® - Courageous Parenting 101®* is \$400 which includes use of the curriculum materials/facilitators guide, power point presentation and parent handouts and training. This is a 2-part training. You will have the opportunity to complete Part 2 at your convenience on your home or office computer.

**Please select the site where you wish to take the training:**

**Wed. May 1st • 10am – 1:30pm Norwalk CT:**  
The Courage to Speak Foundation Office, 71 East Ave. Suite M, 2nd Floor

**Wed. May 8th • 10:30 am – 2 pm Plainville CT:**  
Plainville Public Library, 56 East Main St.

Will your employer or another third party be responsible for cost of your tuition and course materials?

YES  NO

Please find enclosed a check in the amount of \$ \_\_\_\_\_

Please bill my employer/other organization in the amount of \$ \_\_\_\_\_

Thank you for your interest in working with parents to reduce substance abuse among youth and to provide parents with the tools necessary to communicate openly and honestly with their children.

If you have any questions, please contact Courage to Speak® at 1-877-431-3295 or you may e-mail Ginger Katz at [gkatz@couragetospeak.org](mailto:gkatz@couragetospeak.org) and visit our website at [www.couragetospeak.org](http://www.couragetospeak.org)

**Please return your application to:**

The Courage to Speak® Foundation, Inc., 22 Alden Avenue, Norwalk, CT 06855  
or [gkatz@couragetospeak.org](mailto:gkatz@couragetospeak.org) or fax to 203-831-9800