



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®* and/or presenting to your parent's 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®* Online Training is \$700 (plus shipping and handling) and includes the use of the curriculum, materials/facilitator's guide, power point presentation and training.

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 (203) 831-9700 or you may e-mail Ginger Katz at [gkatz@couragetospeak.org](mailto:gkatz@couragetospeak.org) and visit our websites at [www.couragetospeak.org](http://www.couragetospeak.org)

**Please return your application to:**

The Courage to Speak® Foundation, Inc., 71 East Ave. Suite M, Norwalk, CT 06851