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

City		9	State	ZIP	
Home Phone	Work Phone _	Cell Phone			
E-Mail		Date of Birth			
Employer					
Address					
City					
EDUCATION					
School	City/Town	Major	Year	Degree	
High School					
College					
Graduate School					
Other					
	raining or experience in servin		der or facilitator? _	YES NO	

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for Courage to Speak® – Courageous Parenting 101® and		· ·	ator
Are you associated with a school, agency, church or synable interested in hosting a Courage to Speak® - Courageo	ous Parenting 101®	program? YES	
If YES, Contact Name			
Organization		Phone	
Address			
City	State	ZIP	
Tuition for Courage to Speak® - Courageous Parenting 10 handling. The fee includes the use of the materials/facili training.	_		
Thank you for your interest in working with parents to re provide parents with the tools necessary to communicate		- ·	
If you have any questions, please contact Courage to Spe Katz at <u>gkatz@couragetosepak.org</u> and visit our website	•	·	Ginger
Please return your application to:			

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