THE COURAGE TO SPEAK® FOUNDATION, INC. Saving Lives by Empowering Youth to be Drug free.

Courage to Speak - Courageous Parenting 101 Facilitator Application

Name	160		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	1 1			
Other				
	raining or experience in serving as a ribe below or on a separate sheet of		ilitator? Y	
List other skills and	experiences			

www.couragetospeak.org • 1-877-431-3295

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Please explain below or on a separate sheet of paper why you Courage to Speak - Courageous Parenting 101 and or presen		•	
Are you associated with a school, agency, church or synagogube interested in hosting a Courageous Parenting 101 program			
If YES, Contact Name			
Organization	Phone		
Address			
City	State	ZIP	
Tuition for Courage to Speak - Courageous Parenting 101 is \$ materials/facilitators guide, power point presentation and paren			
Will your employer or another third party be responsible for cos	st of your tuitior	n and course materials?	
Please find enclosed a check in the amount of	\$		
Please bill my employer/other organization in the amo	ount of \$		
In addition to participating in the formal training program, appli	cants are asked	d to attend at least one or	

more of the Courageous Parenting 101 parent classes.

The three and a half hour session will be on June 15, 2009 • 6:00 pm • West Rocks Middle School, Norwalk, CT. A light dinner will be provided.

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 and visit our website at www.couragetospeak.org

Please return your application to:

The Courage to Speak Foundation, Inc., 22 Alden Avenue, Norwalk, CT 06855 or gkatz@couragetospeak.org