



**The Courage to Speak®**  
*Saving Lives by Empowering Youth to be Drug Free*

**The Courage to Speak Foundation**  
***Courageous Parenting 101 Facilitator Application***

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

Address \_\_\_\_\_

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

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

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

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

**EDUCATION**

<b>School</b>	<b>City/Town</b>	<b>Major</b>	<b>Year</b>	<b>Degree</b>
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 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List other skills and experiences

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

