



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

List other skills and experiences



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 parent’s groups.

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 \$800 plus shipping and handling. The fee includes the use of the materials/facilitator’s guide, PowerPoint 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 and visit our website at www.couragetospeak.org

Please return your application to:

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