



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

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

Courageous Parenting 101

FACILITATOR APPLICATION

Please explain below or on a separate sheet of paper if you are interested in serving as a facilitator for *Courageous Parenting 101* and or presenting to your parents groups.

Are you associated with a school, agency, church or synagogue, or other community agency that would be interested in hosting a *Courageous Parenting 101* program? ☐ YES ☐ NO

If YES, Contact Name _____

Organization _____ Phone _____

Address _____

City _____ State _____ ZIP _____

Tuition for *Courageous Parenting 101* is \$400, which includes curriculum materials/facilitators guide, power point presentation and parent handouts.

Will your employer or another third party be responsible for cost of your tuition and course materials?

☐ YES ☐ NO

☐ Please find enclosed a check in the amount of \$ _____

☐ Please bill my employer/other organization in the amount of \$ _____

In addition to participating in the formal training program, applicants are asked to attend at least one or more of the *Courageous Parenting 101* parent classes.

The three and a half hour session will be on October 7, 2008. Time: 5:30 pm

Location: SERAC: 620 Norwich/NL Tpke, Uncasville, CT 06382

Dinner will be provided.

Thank you for your interest in working with parents to reduce substance abuse and to provide parents with the tools necessary to communicate openly and honestly with their children.

If you have any questions, please contact Michele Devine 860-848-2800 or you may e-mail at serac.ed@sbcglobal.net. Visit the Courage to Speak website at www.couragetospeak.org

Please return your application by mail or fax to:

**SERAC- Southeastern Regional Action Council
620 Norwich/NL TPKE
Uncasville, CT 06382
Phone: 860-848-2800
Fax: 860-848-2801**