



**TRAINING GROUNDS
TRAIN THE TRAINERS APPLICATION**

CONTACT INFORMATION

First Name: _____ Last Name: _____

Address: _____

City _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Age: _____ Name of Individual that referred you: _____

EXPERIENCE

Please describe three (3) experiences when you worked directly with youth. You can describe a work or volunteer experience. Please describe what you did, how long you worked, the location of the program and the ages of youth you worked with. Please use another sheet of paper if necessary.

1)

2)

3)

Why are you interested in become a Trainer for Training Grounds? _____

Please list the days of the week and times you are available to train (i.e., morning, lunch time, evening)

Emergency Contact: _____

Please provide three (3) references that we can contact.

Name:

Contact Number:

Please submit application and a copy of your resume to Tom Brown at info@traininggroundsinc.org or Fax to 202-678-8202.