



**The Courage to Speak<sup>®</sup>**  
*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**

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

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



# The Courage to Speak®

Saving Lives by Empowering Youth to be Drug Free

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.

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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 \$250, 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 \$ \_\_\_\_\_

**The three and a half hour session is on April 3, 2008 – 6:00 pm – at West Rocks Middle School, Norwalk, CT. A light supper will be served.**

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 Courage to Speak at 1-877-431-3295 or you may e-mail Ginger Katz at [GKcourage@aol.com](mailto:GKcourage@aol.com) and visit our website at [www.couragetospeak.org](http://www.couragetospeak.org)

Please return your application to:

The Courage to Speak Foundation, Inc., PO Box 1527, Norwalk, CT 06852