

**Respite Care
TRAINING APPLICATION**

Name: _____

Address: _____

Telephone: _____ Cell Phone: _____

Email: _____

In the space below, explain why you are interested in becoming a trainer for the Respite Care Provider Training.

Have you had experience conducting training programs or workshops? yes no

Explain what knowledge or experience you have had with respite care or with children identified with challenging behaviors.

Do you feel comfortable setting up technical equipment that is required for training such as: Do you feel comfortable setting up technical equipment that is required for training such as:

computer projector screen computer speakers attach mouse to computer