



Child Care Resource and Referral Trainer/ Presenter Application

Name: _____ Date: _____

Social Security #: _____ Tax Identification #: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Agency affiliated with (if applicable): _____

Education Background: _____

Work Experience: _____

References:	Name	Number
	_____	_____
	_____	_____

Training/ Presentation topic: _____

Length of training/ presentation: _____

List training supplies/ materials provided: _____

Is Division of Child Development (DCD) credit hours offered?(circle) (Y) N
If yes, how many? _____

Please attach a DETAILED training/presentation description

Fee (please specify if it is an hourly rate, individual session, or per attendee): _____

**PLEASE REVIEW FOR ACCURACY AND COMPLETENESS BEFORE SUBMISSION.
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

Applications should be submitted to:
Alamance Partnership for Children
Attn: Tamatha Kohler

By mail: 2322 River Road
Burlington, NC 27217

By fax or email: (336) 226-1152
tkohler@alamancechildren.org