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SEMINAR FACILITATOR CANDIDATE APPLICATION FORM

<u>Please Print</u>		
Date	_	
Name		
(Last)	(First)	(Middle Initial)
E-mail Address		
Home Address		
	(Street)	
(City)	(State)	(Zip Code)
Home Phone	Cell Phone	
Local Union Name		
Local President's Name		
Please check if you are only applying t	to facilitate ELL semir	nars
Please check if you are a NYSUT Soci Stones Facilitator	al Justice Sticks &	
By signing, you attest that the ap	plicant is in good	standing with the union
Signature of Local President		Date