

COMMUNITY FUTURES NORTH CARIBOO TRAINER APPLICATION FORM

First Name:

Last Name:

Name of proposed workshop/information session(s):

Description of proposed workshop/information session(s) named above:

Contractor Profile

Training or education relating to the above workshop/information session(s):

Work, professional, or life experience relevant to the above workshop/information session(s):

Training experience specific to the above workshop/information session(s):

References: