



SECOND HELPING/ CUATRO PASOS TRAINING



Application

Name _____ Lic./Reg.# _____

Name of Child Care Business _____

Address _____

City _____ County/Parish _____ State _____

Zip Code _____ Telephone (_____) _____ Birth Month/Date _____

Train-the-Trainer Course Dates Applied For: 1st Choice _____ 2nd Choice _____

Part One -- Length of Experience

Provide a copy of original license/certificate/registration or other regulatory documentation, and/or renewals, which show the length of your experience over the required time period (3 to 5 years); OR an original letter from your regulatory agency verifying length of time in the field. If no regulatory agency exists, provide an original letter from the director of your Resource and Referral Agency and/or Child Food Program, verifying time in the field.]

Part Two -- History

Please provide a Resume or summary (typed or legibly handwritten) that includes:

- 1) WORK HISTORY
- 2) EDUCATIONAL HISTORY (formal or informal, in any field of study)
- 3) HISTORY OF ASSOCIATION/PROFESSIONAL INVOLVEMENT IN FAMILY CHILD CARE
- 4) HISTORY OF TEACHING OR LEADERSHIP EXPERIENCE (need not be child care-related)

Part Three -- References

Please provide a minimum of three letters of reference, recommending both your subjective qualifications (character, personality, interpersonal skills), and your objective qualifications (leadership, public speaking, training and/or teaching experience). No more than one reference letter should be submitted from any one group and/or organization (also only one from parent/clients and one from peer providers).

Part Four -- Objective

On a separate sheet, please answer the following question (typed or legibly handwritten): *Why do you want to become an Instructor and what do you feel you have to offer family child care providers?*

Part Five -- Partnerships/Administration

In your cover letter explain whom you plan to collaborate in administering *Second Helping*. Please include the agency or organization name, contact person, address and telephone Number. If no partnership exists at the present, please briefly indicate how you plan to administer *Second Helping*.

Part Six -- Regulatory

Please include a letter from your regulatory agency stating that you've maintained a reasonable compliance record and are in good standing.

I certify that the information on this application and accompanying documentation is true and correct, to the best of my knowledge. I understand that my acceptance may be denied or my certification revoked if I knowingly provide false information.

Signature _____ Date _____

Application Fee: \$25.00 non-refundable (Check or Money Order Payable to PathFinders Unlimited, Inc.) and mail to:
PathFinders Unlimited Inc., 600 SW 29th Ave, Fort Lauderdale Florida, 33312