



# Training Institute Adjunct Facilitator Application

Please print your information clearly and return to [workingwithkids@coj.net](mailto:workingwithkids@coj.net).

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip Code

Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

How many years of experience in Adult Education and/or Professional Development? \_\_\_\_\_

Education				
Name of High School:				
Address:				
Dates Attended:				
Graduation Date:				
Type of Diploma or Certification:				
Name of College or University:				
Address:				
Dates Attended:				
Graduation Date:				
Degree: Associate	Undergraduate	Graduate	Post-Graduate	
Major/Minor:				
Name of College or University:				
Address:				
Dates Attended:				
Graduation Date:				
Degree: Associate	Undergraduate	Graduate	Post-Graduate	
Major/Minor:				
Name of College or University:				
Address:				
Dates Attended:				
Graduation Date:				
Degree: Associate	Undergraduate	Graduate	Post-Graduate	
Major/Minor:				
Other: (Please describe.)				

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Professional Licensure or Other Certification		
Type	Licensing Authority	Expiration Date

Research or Publications: (Please list and include dates.)

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**Statement of Teaching Philosophy:**

In the space below, provide a statement of your instructional training methodology regarding the role and responsibilities of an instructor.

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State the titles and brief summaries of courses, lectures, or trainings you conduct:

Training Name	Summary/Description	Course, Lecture, or Training

Please print your information clearly and return to [workingwithkids@coj.net](mailto:workingwithkids@coj.net).

References: List 3 professional references (not related to you) who we may contact and have knowledge of your experience and qualifications.

Name of Reference	Email	Phone

May we contact your references? (Circle one and initial for agreement) : YES    NO    Initial: \_\_\_\_\_

For instructors qualified to teach classes which offer CEUs, initial if you are in agreement with adhering to the IACET/ANSI requirements of instructors, adjunct facilitators, and staff.    Initial: \_\_\_\_\_

Are you available to participants and KHA Staff to reach you for questions, comments, and concerns after the scheduled class times? (Circle one)                      YES                      NO

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For Training Institute Use Only:

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