

Parent Leadership Training Institute (PLTI) 2009 Application



To Apply

Type or print clearly & send to: PLTI Team, Human Services Coalition, 260 NE 17th Terrace, Suite 200, Miami, FL 33132. Fax: 305-576-1718. **Application due December 19, 2008.**

Call Gina Ha at 305-576-5001 Ext. 41 if you have any questions. Thank you.

Name _____
(First) (Last)

Address _____

(City) (State/Province) (Zip)

Home Phone _____

Work Phone _____
(Extension)

Cell Phone _____

Fax _____

Email _____

Background Information

Number of Children _____ Ages _____

Other Adults in Household Yes No

Family Status: Single Married
 Widowed Divorced
 Other: _____

Employment: Full-time Part-time

Other: _____

Child Care:

I will use child care at the class

I will NOT need child care

Transportation:

Do you have your own car? _____

Are you willing and able to car pool with other participants? _____

Do you take public transportation? _____

Gender: Male Female

Race/Ethnic Background:

White/Caucasian Black/African-American

Asian/Pacific Islander Hispanic

Afro-Caribbean

Other: _____

Are you affiliated with any organizations?

Yes No

If yes, please name: _____



Please discuss briefly an issue of concern to you as it relates to children and families.

What skills would you like to learn from PLTI? What are your goals?

Are there any challenges you foresee that may prevent you from completing the program?

How did you hear about PLTI?

Applicant's Signature: _____ Date: _____

