



Application Form

Please print or type.

Date of application: _____
Return to: Patty Merk
pmerk@ag.arizona.edu
UA Cooperative Extension
4341 E. Broadway Rd.
Phoenix, AZ 85040
Phone: 602-470-8086 x357

I. PERSONAL DATA AND DEMOGRAPHICS:

T3 Trainers go through a rigorous process of review, training, and field evaluation to ensure high quality. **T3 Trainers** are prepared to deliver accurate and standards-based “best practice” training to adults who ultimately impact the lives of school-age children and youth.

Applicant's Name: _____
Last First M.I.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ E-mail: _____

Why do you want to become a T3 Trainer? _____

What strengths or benefits do you bring to the T3 Training System? _____

Have you ever been denied a license or certification for child care from ADHS or DES or has this happened to a program you were an administrator for?

Yes No If yes, please attach a letter of explanation.

An arrest or conviction record will not necessarily bar an applicant but will be considered as it relates to the specific position for which you are applying.

Have you ever been arrested? Yes No. If yes, please attach a letter of explanation with date, location and nature of offense and disposition.

By my signature, I state that all responses on this application are true and correct to the best of my knowledge. Providing false information will invalidate my application.

Signature: _____ Date: _____

Print or type name: _____

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II. FORMAL EDUCATION: (Mark all that apply and identify the year of completion).

GED	<input type="checkbox"/>	Year	_____			
High School	<input type="checkbox"/>	Year	_____			
Technical Training	<input type="checkbox"/>	Year	_____	Type: _____		
Associate Degree	<input type="checkbox"/>	Year	_____	Degree Earned: _____		
Bachelor's Degree	<input type="checkbox"/>	Year	_____	Degree Earned: _____		
Master's Degree	<input type="checkbox"/>	Year	_____	Degree Earned: _____		
Graduate Degree	<input type="checkbox"/>	Year	_____	Degree Earned: _____		
Certificate Program	<input type="checkbox"/>	Year	_____	Title/Describe: _____		
National	<input type="checkbox"/>	State	<input type="checkbox"/>	Local	<input type="checkbox"/>	Certifying Entity:

III. EMPLOYMENT EXPERIENCE: [Check all that apply and give a brief description.]

College or University	<input type="checkbox"/>	_____
School	<input type="checkbox"/>	_____
Youth Development Organization	<input type="checkbox"/>	_____
Parks and Recreation	<input type="checkbox"/>	_____
Child Care Setting	<input type="checkbox"/>	_____
Government/Military	<input type="checkbox"/>	_____
Private Business/Non-Profit	<input type="checkbox"/>	_____
Medical/Nursing/Health	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____

IV. REFERENCES: List three references who can attest to your experience and qualifications with regard to young children, school-age children and youth. **Attach a letter of reference from at least one of those listed below to this form.**

Current employer/supervisor: _____
Address: _____
Phone: _____ E-mail: _____

Other person: _____
Address: _____
Phone: _____ E-mail: _____

Other person: _____
Address: _____
Phone: _____ E-mail: _____

V. TRAINING EXPERIENCE AND EXPERTISE: (Please place check marks by all training functions that you have been directly responsible for in your career).

Logistics of Training Opportunities:

- Identifying training audiences/assessing needs
- Locating and scheduling training sites/locations
- Coordination of catering/food services
- Identifying fund/establishing methods of payment for training
- Negotiations/contracts related to training
- Marketing and promoting training to communities
- Delivering training to others upon request/invitation
- Set-up of audio/visual aids for training
- Describe: _____

Curriculum Development:

- Writing goals and objectives
- Writing knowledge assessments (quizzes, tests)
- Writing programs policies/procedures/forms
- Creation of curriculum/presentation content
- Establishing resource/referral lists or documents
- Describe: _____

Curriculum Delivery: Training or Presentations

- Delivering training to groups (average number of trainees)
 - One-on-one training
 - 2-10 people
 - 11-20 people
 - 21-30 people
 - 31-40 people
 - 41-50 people
 - More than 50 trainees
 - Post-secondary institution (college, university, technical)

Participant Assessment and/or Evaluation:

- Develop and administer evaluation forms
- Administer pre and post tests
- Design/assist with work site learning activities
- Complete field assessment of trainees
- Responsible for formal evaluation measures (grades, pass-fail)
- Provide career guidance and professional development
- Function as part of a credentialing entity (ie. CDA)

VI. PLANNING FOR TRAINING:

Would you provide training as part of your current employment? Yes No

If yes, please explain: _____

How willing are you to travel and train others outside your community?

- Not willing to travel outside my community
- Willing to travel within 50 miles of residence
- Within 100 miles of residence
- Within 150 miles of residence
- More than 150 miles of residence

Check the days of the week and times that you are available for training:

	Mornings	Afternoons	Evenings
	9am-Noon	1pm-4pm	6pm-9pm
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List the types of topics or activities that you are interested in training:

Are you bilingual? Yes No Languages: _____

How many training sessions can you provide in the next 12 months? _____

A directory of T3 trainers is published in hard copy and on the internet. For listing in the directory, please check the counties in which you are willing to train.

- | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> All | <input type="checkbox"/> Gila | <input type="checkbox"/> Maricopa | <input type="checkbox"/> Pinal |
| <input type="checkbox"/> Apache | <input type="checkbox"/> Graham | <input type="checkbox"/> Mohave | <input type="checkbox"/> Santa Cruz |
| <input type="checkbox"/> Cochise | <input type="checkbox"/> Greenlee | <input type="checkbox"/> Navajo | <input type="checkbox"/> Yavapai |
| <input type="checkbox"/> Coconino | <input type="checkbox"/> La Paz | <input type="checkbox"/> Pima | <input type="checkbox"/> Yuma |

Area of initial training:

- Hearing Screening Health Safety Nutrition Special Needs