S-CAR/IPCR Problem-Solving Workshop Program Advanced Training in Facilitating Problem-Solving Workshop <u>Application Form</u>

<u>Directions</u>: Please fill out the application completely in order to facilitate the formation of a diverse cohort for the training program. All information will be kept confidential. Under areas of experience, please provide titles of workshops/trainings, sponsoring organizations, dates, and a one line description of each experience.

First N	Name:	I	Last Name:
Addres	ss:(Street)		(Apt. Number)
	,		
	(City)	(State)	(Zip)
E-mail	:		Telephone:
Sex: _	National Origin:		Race/ethnicity:
Religio	on:	Language(s):	
A.	Degree(s) and Date(s): Professional Development		ommunication skills, small group processes, leadership)
C.	Conflict Resolution Traini	ng (e.g., dialogue	e, mediation, negotiation)

Date Date places available so not all applications may be forms to Laura Villanuenva lvillan2@gmu.edu [
Date			
rantee acceptance into the training (April 2 -3rd,			
Food Allergies my application is accepted, I commit to being present for the entire weekend training (April 2 -3re			