

Parent Leadership Training Institute (PLTI) 2011 Application



To Apply

Type or print clearly & send to: PLTI Team, Human Services Coalition, 1900 Biscayne Boulevard, Suite 200, Miami, FL 33132. Fax: 305-576-1718. **Application due December 18, 2010.**

Call Gina Ha at 305-576-5001 Ext. 41 or email GinaH@hscdade.org if you have any questions. www.hscdade.org. Thank you.

Contact Information

Name _____
(First) (Last)

Address _____

(City) (State/Province) (Zip)

Home Phone _____

Work Phone _____
(Extension)

Cell Phone _____

Email _____

Background Information

Date of Birth: ____/____/____
Month Day Year

Are you a parent or guardian? Yes No

Number of Children _____ Ages _____

Marital Status: Single Married
 Widowed Divorced
 Other: _____

Employment: Full-time Part-time
 Other: _____

Occupation: _____

Child Care: I will use child care at the class
 I will NOT need child care

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: _____

Briefly discuss an issue that concerns you most about children and/or 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: _____

