APPLICATION FOR PARTICIPATION

Middle School Hate Crime Prevention Training-of-Trainers Program

Date and Location of Program

October 27 - 29, 2003    Phoenix, Arizona
Training-of-Trainers Program Application

☐ I am applying as an individual  ☐ I am applying as part of a Team

If applying as part of a Team, give the name of your proposed training partner: ________________________________

I. Contact Information

Name__________________________________________________________
Employer________________________________________________________
Supervisor’s name____________________________________________________
Work address______________________________________________________________________________________________
______________________________________________________________________________________________
Work telephone no. __________________________________ Home telephone no. ________________________________
Cell telephone no. __________________________________ E-mail address ____________

II. Personal Statement

In the space below, explain why you are interested in becoming a trainer in the Partners Against Hate program:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

III. Experience, Skills, and Knowledge

1. What is your current job title?______________________________

2. How long have you held this position?______________________________

3. How long have you worked in law enforcement and/or worked with youth?______________________________

4. In the space below, describe your current job responsibilities:______________________________

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
5. Do you speak more than one language (including sign language)?
   □ yes □ no

If yes, what language(s) do you speak?______________________________________________

6. Have you had experience conducting training programs or workshops?
   □ yes □ no

If yes, approximately how many training programs or workshops have you conducted?_________

Have the training programs/workshops that you have conducted been primarily for adults, youth, or both?
   □ adults □ youth □ both

What skills and knowledge make you an effective facilitator for adults (e.g., understanding of adult learning theory)?
________________________________________________________________________________

What skills and knowledge make you an effective facilitator for youth (e.g., understanding children’s stages of development)?
________________________________________________________________________________

In the space below, give examples of some training programs/workshops that you have conducted:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

7. Explain what knowledge or experience you have with each of the following:
   a. hate crimes ____________________________________________________________
      ____________________________________________________________
   b. middle school students ________________________________________________
      ____________________________________________________________
   c. school violence programs ____________________________________________
      ____________________________________________________________
   d. preventing/addressing bias, harassment, and violence_____________________
      ____________________________________________________________
8. In the space below, explain how your professional experiences and skills combined with your training/teaching experience qualify you to support Partners Against Hate (attach additional sheets of paper if necessary):

______________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________

IV. Internet Experience

Because the trainers in the Partners Against Hate Training Program will receive ongoing technical assistance through the Partners Against Hate Web site, it is important to ascertain everyone’s comfort and competency level with the Internet so assistance can be designed appropriately.

1. What is your overall comfort level using the Internet?
   - very comfortable
   - somewhat comfortable
   - minimal experience
   - use as little as possible

2. Do you access the Internet on a regular basis?
   - yes
   - no

3. Where do you primarily access the Internet?
   - home
   - office
   - other

4. How do you access the Internet?
   - dial-up modem
   - ISDN
   - DSL
   - cable modem
   - dedicated circuit
   - do not know

5. How often do you use or participate in each of the following Internet-related activities?

<table>
<thead>
<tr>
<th>Task</th>
<th>Daily</th>
<th>Weekly</th>
<th>Seldom</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>password protected Web sites</td>
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<tr>
<td>e-mail</td>
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<tr>
<td>Internet newsgroups/bulletin boards</td>
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<tr>
<td>e-mail distribution lists (listservs)</td>
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<td></td>
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</tbody>
</table>
V. References

List three references that can speak to your training abilities and/or your skill working with youth or working in law enforcement.

Name ____________________________
Title ____________________________
Address __________________________
Phone ____________________________
E-mail address ______________________

Name ____________________________
Title ____________________________
Address __________________________
Phone ____________________________
E-mail address ______________________

Name ____________________________
Title ____________________________
Address __________________________
Phone ____________________________
E-mail address ______________________

Signature ___________________________  Date ___________________________

Please attach your resume to this completed application and send it to the address below no later than September 26, 2003 to participate in the program.

Partners Against Hate
 c/o Center for the Prevention of Hate Violence
 University of Southern Maine
 96 Falmouth Street
 P.O. Box 9300
 Portland, ME  04104-9300
 Phone: 207-780-4837
 Fax: 207-228-8550
 Email: tchristi@usm.maine.edu

Thank you for your interest in Partners Against Hate.