

CAL/NEVA PEER TO PEER PROJECT

Trainer Form A - Skills Bank ENROLLMENT

CNP 3

To be completed by Trainer

Name:

Title:

Agency:

Address:

Phone/Fax:

Email:

Experience -

- Governance/Program Administration
- Community Outreach
- Fiscal
- Evaluation
- Human Resources
- History & Purpose
- Strategic Planning
- Program Development
- CSBG ARRA
- Other

Please detail experience and include credentials (if applicable) for each subject area of expertise checked above (attach additional pages if necessary):

Signature of Peer Trainer

Date

Signature of Executive Director

Date



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