

## Available Training Opportunities

Please complete this form so we can have a complete inventory of the training opportunities and assignments that are available through your agency. This document will be used to **customize training assignments for each participant** and as a **pre-screening tool** to match appropriate candidates with the right Host Agencies. Our local Project Director will rely on this information when he/she develops each participant's individual training assignment. Please be sure to include all **potential and existing** training options available through your agency, so we can better assist you in expanding your community services and provide quality training to our program participants.

Host Agency Name:	
Street Address:	
City, State, & Zip Code:	
Primary Contact Name:	
Contact Phone Number:	
Fax Number:	
E-Mail Address:	
Primary Community Service Provided by Agency:	

**Please list and describe all training opportunities available through your agency**

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**Criteria for Selection**

(Used to pre-screen and match the right candidates for training opportunities with your agency)


**Describe Agency services available to Trainee (if any)**
