



## First Impact Presenter Application

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

MoDOT Region: (please check the region that you live in)

\_\_\_\_ NW \_\_\_\_ NE \_\_\_\_ KC \_\_\_\_ Central \_\_\_\_ STL \_\_\_\_ SW \_\_\_\_ SE

Interested in serving First Impact in the role of a: \_\_\_\_ Facilitator \_\_\_\_ LEO

New to First Impact \_\_\_\_ Yes \_\_\_\_ No If no, years of involvement? \_\_\_\_\_

Have you been employed or been a student of the University of Missouri system? \_\_\_\_ Yes \_\_\_\_ No

### Current Employment

Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

May we contact your supervisor for a reference? \_\_\_\_ Yes \_\_\_\_ No

### Experience:

**I understand, if selected to become a First Impact facilitator, I must plan and execute at least one First Impact class a year from contracted date in my area.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: Allyn Workman at: [gawcft@health.missouri.edu](mailto:gawcft@health.missouri.edu)

