

Diversity Facilitator Application

Return to: 1130½ 7th St NW, Suite 204, Rochester, MN, 55901

Name _____

Address _____

Preferred Phone _____ Other Phone _____
Home Cell Work Home Cell Work

Email _____

How do you view your own diversity? _____

What, in your experience, do you feel qualifies you to be a facilitator of Spark workshops?

Please provide three references, one of which is someone you have worked with or known in a professional capacity.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Your signature indicates permission for us to conduct a criminal background check.

Signature _____ Date _____