



# Volunteer/Special Instructor Background and Information Form



Presentation Title: \_\_\_\_\_

Presenter: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Emergency Contact: (Name/Phone) \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Summary of Lesson Content:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional Background: (Note: A brief – 2 page maximum – résumé may be attached with the email in lieu of the following data. Please be sure the resume includes all requested information. Qualifications should be related to your presentation.)

Primary Knowledge/Skills/Abilities related to this presentation:

\_\_\_\_\_  
\_\_\_\_\_

Education (High School, Upgrades, Colleges, Degrees) and Professional Registration/Certification:

\_\_\_\_\_

Professional Registration/Certification:

\_\_\_\_\_

Related papers/instruction you have presented:

Title: \_\_\_\_\_ Date: \_\_\_\_\_ Event: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_ Event: \_\_\_\_\_

Professional Organizations/Activities:

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

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

Course Sponsor: \_\_\_\_\_

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

**OESAC Approval:**

Date Evaluated: \_\_\_\_\_

By: \_\_\_\_\_

**UCC Community Education Approval:**

Date Evaluated: \_\_\_\_\_

By: \_\_\_\_\_  
Name Title

Approved: Yes No

Approved: Yes No

