



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

