



\*\*\*\*\*OFFICIAL USE ONLY\*\*\*\*\*

Date of Training \_\_\_\_\_  
Region \_\_\_\_\_ County \_\_\_\_\_

## Florida Fish and Wildlife Conservation Commission Project WILD Facilitator Application

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(Please Print)

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

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

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

E-Mail \_\_\_\_\_ Birthday \_\_\_\_\_

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Job Title/Occupation \_\_\_\_\_

Work Place \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

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1. Where/When is the best time to reach you during the day?

Home \_\_\_\_\_ Work \_\_\_\_\_ Time(s) \_\_\_\_\_

2. When are you available to facilitate a workshop? (check as many answers as apply)

Weekday \_\_\_\_\_ Weekend \_\_\_\_\_ Evenings \_\_\_\_\_ Other (specify) \_\_\_\_\_

3. Are you willing to travel outside your home county? (Remember, you can be reimbursed for mileage and some meals)

Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe \_\_\_\_\_

4. List any special interests or skills (show the real you: e.g., foreign language, musical skills, specific outdoor skills).

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(Continued on back!)

5. Briefly describe any experience you have had teaching adults.

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6. <u>Workshops Attended</u>	<u>Yes or No</u>	<u>If Yes, Indicate Month/Year Attended</u>
Project WILD/Aquatic WILD	_____	_____/_____/_____
Project WILD/Outdoor Adventure	_____	_____/_____/_____
Schoolyard Wildlife	_____	_____/_____/_____
Schoolyard Ecosystems	_____	_____/_____/_____
FL Black Bear Curriculum	_____	_____/_____/_____
WET, WILD and WOODSY	_____	_____/_____/_____

**(Note: You need to attend a Project WILD or Aquatic WILD workshop before attending facilitator training.)**

7. Any other environmental education type workshops (e.g., PLT, WET, Biodiversity).

8. Are you a facilitator for any of these workshops that you listed? YES \_\_\_\_\_ NO \_\_\_\_\_

9. Have you used Project WILD activities with any classes or groups? \_\_\_\_\_  
If yes - How did it go?

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10. What do you feel Project WILD has to offer to educators?

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Please make a note of any special dietary preferences/requirements, allergies, physical conditions, etc. we should be aware of at Leadership Training.

**DIETARY** \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

**PHYSICAL CONDITIONS** \_\_\_\_\_

Thank you for your interest in becoming a Project WILD facilitator!

Please send your completed application to: Lori Haynes  
FWC/Project WILD/5A5  
620 South Meridian Street  
Tallahassee, FL 32399-1600

Grow WILD,

Lori M. Haynes  
Project WILD Coordinator