** 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? \_\_\_\_\_\_\_\_\_

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| --- | --- |
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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)

