

# WisconSibs Sibshop Facilitator Application/Information Form

920-968-1742 [www.wisconsibs.org](http://www.wisconsibs.org)

Email this form to [info@wisconsibs.org](mailto:info@wisconsibs.org) or mail to: 211 E Franklin St., Appleton, WI 54911

Today's Date: \_\_\_\_\_ Date of Sibshop training: \_\_\_\_\_

Your Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Home address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ County \_\_\_\_\_

Email address (that you check regularly): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer \_\_\_\_\_

Business address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ Do you oppose a background check? \_\_\_\_\_

Qualifications (from your perspective):

Other Volunteer activities in community, school, or church:

Hobbies/interests:

Describe something that you'd say was the most fun you've ever had (feel free to use the back):

**Check at least two WisconSibs Sibshops that you'd like to be considered to facilitate in 2015-2016.**

Note: Specific dates may change or be rescheduled. This does not commit you but helps in planning.

**If you plan to facilitate with a different registered Sibshop, please note in last box and provide contact information.**

Oct 17	Nov 7	Dec 12	Jan 16	Feb 6	Mar 12	Mar 19	Apr 9	Apr 21-22	Other registered Sibshop
HULK Sibshop Appleton	Sibshop Hortonville	Sibshop Oshkosh	Sibshop Green Bay	Sibshop Kimberly	Sibshop Shawano	SPA Sibshop Green Bay	Sibshop Appleton	Sibshop Circles of Life Pewaukee	Location or group _____ *

\* Please provide contact information of Sibshop organizer below or on the back: