



Dream Circle Facilitator Application

Please complete this application to join our team of extraordinary Dream Circle facilitators. Together we provide opportunities for people to share dreams and receive customized support to create what's possible for their lives. Thank you for answering the call! We look forward to reviewing your application.

PERSONAL INFORMATION:

First Name _____

Middle Name _____

Last Name _____

Street Address _____

City, State, Zip Code _____

Email: _____ Phone: (____) _____

What is the best time to reach you by phone? _____

Are you eligible to work in the United States? Yes _____ No _____

Are you 18+ years of age? Yes _____ No _____

EDUCATION:

Please list Schools, Degree/Diploma, and Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards

Please list 3 References:

Name/Title Address Phone Relationship

Personal Statement:

Provide a statement that describes why you would make a good Dream Circle Facilitator. Include any unique aspects of your experience or personality that you feel speak to your capabilities.

I certify that the information contained in this application is true. I authorize the verification of any or all information listed above. I understand that, if accepted, I will be required to complete the Comprehensive Dream Circle Facilitator Training Program and pay all associated fees.

Signature_____ Date_____

Thank you! You will be contacted soon!