



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? _____

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

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Missouri