



THE INSTITUTE  
FOR THE STUDY  
& PRACTICE OF  
NONVIOLENCE

Choose peace.

**INSTITUTE FOR THE STUDY & PRACTICE OF NONVIOLENCE**

**TRAINING OF TRAINERS REGISTRATION APPLICATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

What age group would you be comfortable training? Circle all that apply.

Elementary School  Middle School  High School  College  Adult

List Languages in which you are fluent: \_\_\_\_\_

Can you read and write English? (Circle all that apply)

Read  Write

After you are trained, at what times would you be available to do trainings?

Weekday: Morning  Afternoon  Evening

Weekend: Morning  Afternoon  Evening

Do you have experience working with youth? No  Yes  If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other training have you had that may be helpful?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**Please write a short statement describing your interest in Nonviolence, and any experience you have had in learning about Nonviolence or teaching Nonviolence.**

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**Please list the names and phone numbers of two references.**

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**Will you need to apply for scholarship assistance? No\_\_ Yes\_\_**

**Please return your application by mail, fax or Email to**

**The Institute for the Study and Practice of Nonviolence  
239 Oxford Street  
Providence, RI 02905  
Fax: (401) 461-6164  
Email: [jane@nonviolenceinstitute.org](mailto:jane@nonviolenceinstitute.org)**