



Texas Staff Development Council

Lead Learner Application

APPLICATION INFORMATION

Name _____ Date _____

Street Address _____

City _____ State _____ Zipcode _____

Home Phone _____ Cell Phone _____

E-mail _____

Applying to lead (check all for which you are interested):

LDP Tips 1 Tips 2 Tips 2.0 Technology Effective questioning

Date Available _____

Are you a member of TSDC? Yes/No

Are you a member of NSDC? Yes/No

REFERENCES

Please list three professional references. One reference must be a current TSDC Board Member.

Full Name _____ Relationship _____

District/Company _____ Phone _____

Address _____

Full Name _____ Relationship _____

District/Company _____ Phone _____

Address _____

Full Name _____ Relationship _____

District/Company _____ Phone _____

Address _____

CURRENT EMPLOYMENT OR **FORMER EMPLOYMENT**

School District _____ Phone _____

Address _____ Supervisor _____

Job Title _____

Responsibilities _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I certify that I acknowledge all materials are owned and copyrighted by the Texas Staff Development Council. Further, I understand I may not use these materials in part or whole for any training I may do outside the work of the Texas Staff Development Council learning opportunities.

If this application leads to future presenter contracts, I understand that false or misleading information in my application or interviews may result in my release.

Signature _____ **Date** _____