



CHART YOUR COURSE

www.shipshapestrategies.com/cyc
P.O. Box 752, Paoli, PA 19301
(610) 420-8440

Stephanie Hirtzel, Organizing Consultant
hirtzels@shipshapestrategies.com

Instructor Application

Personal Information *(required)*

Name: _____ Home Phone: _____
 Address: _____ E-mail: _____
 City, State, Zip: _____
 Additional Contact Info: _____
 Signature: _____

Indicate Your Availability *(required)*

Days of the Week: MON TUE WED THU Pref. Class Start Time: _____
 Marking Period: 1st 2nd 3rd 4th Summer Pref. Locations: _____
 # of Courses per Period: _____

Additional Information *(please use the back for additional space, if necessary)*

How did you hear about the opportunity to teach Chart Your Course™?

Why are you interested in becoming an instructor for Chart Your Course™?

Why would you be a good candidate to teach Chart Your Course™?

Please list any additional relevant experience or information that is not listed on your résumé.

