



# Preschool Enrichment Team

Educator and Provider Support  
of Western Massachusetts

a program of



## Trainer Request for Proposals

(Please be advised that if secured as a trainer a Memorandum of

Understanding will be established)

Date: \_\_\_\_\_

### Contact Information

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Name:

Telephone:

Address:

Years in the Field:

Email:

Years as a Trainer:

### Training Availability

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Availability: Please Indicate All That Apply

Weekdays: M T W Th F

Week Nights: M T W Th F

Saturdays

### Presentation Experience

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Please list topics you have presented, whether the training has been approved for CEU's and which core competencies are covered.

Who have you previously presented for?

**What program types have you presented to:**

Infant / Toddler

Preschool

Family Child Care

Administrators

OST

**What size audience are you comfortable presenting to?**

**Are there any topics you would be interested in creating a training for?**

**Please list three references who can provide more information in regards to your training style:**

**Please attach your resume.**

Please mail, email or fax your completed application to:

Kimm Quinlan

Preschool Enrichment Team

a program of Valley Opportunity Council

35 Mt. Carmel Avenue

Chicopee, MA 01013

Fax: 877-635-0920

Kquinlan@valleyopp.com