



Facilitator/Instructor Application

First Name: _____ Middle Initial: _____ Last: Name: _____

School, Organization or Business Name: _____

Position: _____

Address: Street: _____ City: _____

State: _____ Zip: _____

Phone number: _____

Fax number: _____

Email address: _____

Please furnish the address of the classroom facility where you intend to teach the My Own Business course: Street: _____ City: _____ State: _____ Zip: _____

Please furnish a description of the facility you intend to use:

I am or have been a professional instructor.

If not at the above listed school/organization or business then where?

Please describe: _____

I am or have been an educational facilitator.

If not at the above listed school/organization or business please, explain with whom.

Please describe: _____

I have not previously been an instructor or facilitator.

What qualifications, experience or background do you have that you feel makes able to teach a course on how to start a business?

How did you learn about the MOBI Classroom Course? _____

Will the course be used in conjunction other course material you already have? Yes / No

Will you be conducting the MOBI Classroom Course for Adults? Yes/No Youth? Yes/No

The minimum classroom order is 10 textbooks. How many students do you anticipate? _____

Signature _____ Date _____

Please email this form to: classroom@myownbusiness.org or fax to: (562) 463 1802