

Peer Trainer Enrollment Form

Michigan Community Action Agency Association

Name:	
Agency:	
Address:	
Job Title:	
Phone:	Fax:
E-mail:	
Experience — please detail experience and include credentials for each subject area listed, attach additional pages if necessary.	

Signature of Peer Trainer

Date

Signature of Executive Director

Date

***I agree that issues discussed during peer training sessions will remain confidential.*

Michigan Community Action Agency Association

Office Park West
516 South Creyts Road, Suite A
Lansing, MI 48917

Phone: (517) 321-7500
Fax: (517) 321-7504
E-mail: contact@mcaaa.org



Helping People, Changing Lives

MCAAA's intent is to serve the training needs of the CAA network without denying any requests. However, should the need begin to exceed available resources; we may have to put limitations on the amount of peer-to-peer training that any individual agency can receive. MCAAA will reimburse the peer-to-peer trainers' agency for travel using state rates and for their time based on the actual cost billed and verified by the agency. The MCAAA Board of Directors must approve all training requests.