The Family, Youth and Cross Systems Resource and Training Center is in the process of building a National and Statewide (NC) cross systems family and youth trainer database.

The Center ensures ongoing access to responsive training and resources for all cross systems stakeholders through authentic family and youth driven practices and highly vetted nationally certified, senior family and youth leadership. The Center builds upon and utilizes North Carolinas rich culture of family and youth leadership coupled with National resources and leaders. It promotes and accesses current trainings and as the culture evolves will create trainings that support emerging leaders. The Center is a place of excellence for cross systems, family driven/youth guided trainings, co- trainings and family and youth centered resources. Trainers contracted with the Center are national and state trainers who demonstrate family and youth best practices to support the needs of families and changing systems.

If you are an independent trainer or a trainer for an organization or an agency and would like to be included in the Family and Youth Center of Excellence Trainer Database, please complete, and send in the information below. Send completed form, picture and any certifications to Stacy Justiss at sjustiss@ncfamiliesunited.org.
Name: ________________________________________________________________
Address: _______________________________________________________________________
Phone: __________________________ Email: _______________________________________
Counties served _____________________________________________________________________
Language:
☐ English    ☐ Spanish    ☐ Sign Language    ☐ Other________________________
Race:
☐ Black or African American    ☐ White    ☐ Spanish
☐ American Indian or Alaska Native    ☐ Asian    ☐ Native Hawaiian and Pacific Islander
☐ Other________________________
Gender:
☐ Male    ☐ Female    ☐ Transgender
☐ Do not identify as female, male, or transgender

Years’ Experience: (If yes, how long)
Lived_____________________ Job ____________________ Training ___________________

Credentials: (List below)

Education________________________________________________________________________
National Certification________________________________________________________Expires____________________
Certifications ___________________________ Expires _______________________
Other ____________________________________________________________________________

Do you have social media or a website? (If so, please list)
Social Media____________________________________________________________________Website _______________________________________

Are you currently employed or contracted with an organization or agency? ☐ Yes    ☐ No

If yes, please list: ____________________________________________________________________
If yes, are you allowed to train outside of your organization/agency? ☐ Yes    ☐ No
Skills

Proficient in: Please rate each 0-10 (0 None at all 10 I can provide technical assistance)

_____ Word  _____ Excel  _____ PowerPoint  _____ WebEx  _____ Webinars

 _____ Zoom  _____ Microsoft Teams  _____ Other ______________________________

Specialty

☐ Child and Family Teams (CFT)  ☐ Support in Schools  ☐ Virtual Training
☐ Workforce Development  ☐ Special Populations  ☐ Advocacy/Policy
☐ Co-Trainings  ☐ Evidence Based Trainings  ☐ Parenting
☐ Child Welfare  ☐ Trauma/Trauma Informed Care/Trauma Responsive/Resiliency
☐ Juvenile Justice  ☐ Youth Specific  ☐ Leadership  ☐ LGBTQ
☐ Substance Use  ☐ Engagement  ☐ Supported Employment
☐ Transition  ☐ Young Adult  ☐ Other ______________________________

Do you assist with curriculum development?  ☐ Yes  ☐ No

Trainings

Training: ____________________________________________________________

Training trained in teams:  ☐ Yes  ☐ No

☐ Family/Agency  ☐ Family/Family  ☐ Family/Youth/Agency  ☐ Family/Youth
☐ Agency/Agency

Requirements:

☐ Age Restrictions  ☐ Pre-requisites

☐ Special populations (Migrant, Native American, Moms, Dads, Family Partner, Youth Partner, etc.)

If so, please explain: ________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
Venue:

☐ Online  ☐ In-Person  ☐ Both

Do you have a venue to train? Or does the requesting agency/organization need to coordinate?

☐ Yes  ☐ No, will need to coordinate

Is there a train the trainer available?  ☐ Yes  ☐ No

Do you conduct the train the trainer?

☐ Yes  ☐ No

If no, please list contact information for train the trainer organization/agency:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Training:

Training trained in teams:

☐ Yes  ☐ No

☐ Family/Agency  ☐ Family/Family  ☐ Family/Youth/Agency  ☐ Family/Youth Agency/Agency

Requirements:

☐ Age Restrictions  ☐ Pre-requisites

☐ Special populations (Migrant, Native American, Moms, Dads, Family Partner, Youth Partner, etc.)

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____________________________________________________________________________________

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Training trained in teams:  ☐ Yes  ☐ No
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If no, please list contact information for train the trainer organization/agency:
____________________________________________________________________________________
____________________________________________________________________________________
Training: ________________________________________________________________

Training trained in teams:  □ Yes  □ No

□ Family/Agency  □ Family/Family  □ Family/Youth/Agency  □ Family/Youth Agency/Agency

Requirements:

□ Age Restrictions  □ Pre-requisites

□ Special populations (Migrant, Native American, Moms, Dads, Family Partner, Youth Partner, etc.)

If so, please explain: __________________________________________________________

____________________________________________________________________________

Venue:

□ Online  □ In-Person  □ Both

Do you have a venue to train? Or does the requesting agency/organization need to coordinate?

□ Yes  □ No, will need to coordinate

Is there a train the trainer available?  □ Yes  □ No

Do you conduct the train the trainer?  □ Yes  □ No

If no, please list contact information for train the trainer organization/agency:

____________________________________________________________________________

Logistics

Are you willing to travel?  □ Yes  How far_________________________  □ No

Cost: ________________________________________________________________

Is there:

□ CEU’s  □ Contact Hour  □ Certificate

□ Pre-Survey  □ Post Survey

Are you available to contract?  □ Yes  □ No
Is there a training schedule?  □ Yes  □ No
If yes, please list ________________________________________________________________

Availability

□ Weekdays    □ Weekends    □ Days    □ Evenings

Is childcare offered?  □ Yes  □ No
If yes, please list cost ____________________________________________________________
If yes, is there liability insurance? __________________________________________________

Is childcare provider trained in special populations?  □ Yes  □ No
If yes, please list:
____________________________________________________________
____________________________________________________________
____________________________________________________________

(Official Use ONLY Below this Line)

□ Trainer photo included
□ Trainer certifications received