

**Internal Use Only:**

Mastery Number \_\_\_\_\_

Month / Year \_\_\_\_ / \_\_\_\_

Form updated: Nov.2009



**Northern Lights Alternatives, Inc. OKC**

P O Box 12151

Oklahoma City, OK 73157

1-866-304-1481

## MASTERY WORKSHOP INFORMATION / APPLICATION FORM

Some of the data used on this information / application form may be used for the purpose of filing grant applications for Northern Lights Alternatives, Inc. Information on this form, as well as any information discussed during the workshop, is considered strictly confidential.

### Personal Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Current age: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact Number during workshop: \_\_\_\_\_

### Optional Information:

Occupation: \_\_\_\_\_

Are you currently employed: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

Other skills and/or training(s): \_\_\_\_\_

What is your relation to HIV/AIDS \_\_\_\_\_

How did you hear about the workshop: \_\_\_\_\_

Do you have a case manager: \_\_\_\_\_

Do you have any special needs (i.e.: dietary, physical, medical, etc) \_\_\_\_\_

Anything else you would like us to know about you: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date