

Consultant Application

Name:		Do you own a business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If so, name of business _____	
Email Address:		501 (c) (3) Non-profit Status:	
		YES _____ NO _____	
Complete Mailing Address:	Mobile number: () _____		
	Telephone Number: () _____		
	Fax Number: () _____		

List areas of expertise or desire expertise

Choose ONE word to describe yourself. Tell why you chose that word.

Do you have experience working with non-profit organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have experience working with youth? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have experience conducting seminars? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have experience writing grants? <input type="checkbox"/> Yes <input type="checkbox"/> No

Reference #1	Name:		
Title:	E-mail:		
Physical Address: (if different from mailing address)	Toll Free Extension:		
	Office Telephone: () _____		
	Cell: () _____		

Reference #2	Name:		
Title:	E-mail:		
Physical Address: (if different from mailing address)	Toll Free Extension:		
	Office Telephone: () _____		
	Cell: () _____		

Reference #3	Name:	
Title:	E-mail:	
Physical Address: (if different from mailing address)	Toll Free Extension:	
	Office Telephone: ()	
	Cell: ()	

PLEASE DESCRIBE WHY YOU WANT TO CONSULT WITH CLEAR VISION.

ARE YOU CURRENTLY EMPLOYED? YES NO

IF YOU ARE EMPLOYED IS IT FULL-TIME PART-TIME

PLACE OF EMPLOYMENT: _____

TITLE: _____

<p>BY SIGNING BELOW, I CERTIFY ALL INFORMATION IS TRUE. I UNDERSTAND THAT THIS APPLICATION FOR CONSIDERATION IS NOT A CONTRACT FOR SERVICES.</p> <p>Name _____ (PRINT)</p> <p>Signature _____</p> <p>Date _____</p>
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Mail completed application to:
Clear Vision Seminars & Consulting
Attn: Schrendria Robinson
5111 North Main Street
Columbia, SC 29203