

Empowering Learners Partnerships

Staff/Faculty Application

Name: _____

Date: _____

Email: _____

Phone Number: _____

Department/Position: _____

Supervisor's Name: _____

How long have you been a College employee? _____

Do you have previous TLI experience? _____

What skills, talents, or interests would you like to learn from a partner? Feel free to list multiple topics. _____

What skills, talents, or interests would you like to teach to a partner? Feel free to list multiple topics. _____

Please list all 1-2 hour blocks of time you are available to meet.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Please return to Jessica Hollinger Vinson, Canaday A18. If possible, please discuss your intention to participate in the TLI program with your supervisor and have them sign below to show their support.

X _____

Supervisor's printed name: _____

Additional comments: _____
