

Training Participate Profile

Name: _____

Phone: _____

Email: _____

Date: _____

Training Location: _____

Have you ever participated in this program before? Yes No If yes
Level ____

Where did you hear of this service? _____

What skills do you hope to learn through this program?

I _____(please print), understand that the
Community

Access Program is not responsible for any damage and/or data loss that may occur to a personal computer or any other electronic devices used during the course of the training program.

Cancellation Guidelines

If 24 hours notice is not given in regard to canceling training appointments, there will be no guarantee that a make up time will be scheduled.

Signature:_____

Skills to be covered:

Level 1 – Basic Tablet Training

Level 2 – Beginner Tablet Training

Level 3 – Advanced Tablet Training