

# NATIONAL EDUCATION ASSOCIATION

## *Bullying and Sexual Harassment Prevention & Intervention Program*

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### **Cadre Trainer Application Form**

October 2011



*Great Public Schools  
for Every Student*

***NOTE: Applications will not be considered unless received on or before December 1, 2011.  
All information should be clearly printed or typewritten.***



1201 16th St., N.W. | Washington, DC 20036 | Phone: (202) 833-4000

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*Executive Director*

***A Bullying and Sexual Harassment Prevention & Intervention Program (BSHPIP) —  
National Training Cadre***

*Dear Applicant:*

Enclosed are the application materials for the NEA Bullying and Sexual Harassment Prevention/Intervention Program (BSHPIP) National Training Cadre. Please read the enclosed materials carefully. The deadline for receipt of applications is **THURSDAY, DECEMBER 1, 2011**. Applications received after that date will not be considered. No exceptions will be made.

*The following document is enclosed: Application Booklet*

BSHPIP cadre trainers serve a three (3) year term. Trainers may not currently serve on any other NEA national cadre OR have served on any other NEA national cadre in the past year.

Trainers work in diverse teams of two to three and conduct one to four trainings per year. BSHPIP training sessions are conducted as requested in one-hour, two-hour, or three-hour sessions or in one to two-day professional development sessions. BSHPIP cadre trainers are not paid for their work, although NEA reimburses actual expenses in connection with the training, including airfare, hotel, meals, and ground transportation. Additionally, NEA reimburses the school district for substitute pay for BSHPIP trainers when on assignment with the national cadre. NEA does not reimburse salary.

A selection committee will review all applications and select the cadre finalists. All applicants will be notified of the committee's decision by May 1, 2012.

Finalists will be required to attend a Training of Trainers (TOT) session, July 18-25, 2012, (place TBD). The National BSHPIP cadre will be selected from the finalists who successfully complete the Training of Trainers. NEA will cover airfare, hotel, ground transportation, and meals associated with attending the Training of Trainers session.

If you have any questions or need any additional information, please contact Joann Sebastian Morris at 202-822-7715 or by e-mail at [jmorris@nea.org](mailto:jmorris@nea.org) or Robin Jones at 202-822-7713 or by email at [rjones@nea.org](mailto:rjones@nea.org).

# Bullying and Sexual Harassment Prevention and Intervention Cadre Application

**The Bullying and Sexual Harassment Prevention/Intervention Program (BSHPIP) National Training Cadre**, a national peer-to-peer training program, provides skills training to assist communities in developing solutions that will reduce bullying and sexual harassment in America's public schools. The national cadre provides training to members at state, local, regional and national training events, seminars, and conferences.

Cadre members serve a three-year term. **Applicants who currently serve on any NEA national cadre OR have served on any national cadre in the past year are not eligible to apply.** This does not apply to participation on state or local cadress.

Cadre members are not paid for their services. They are, however, reimbursed for travel-related expenses. Additionally, NEA reimburses the school district for substitute pay for BSHPIP trainers when on assignment with the national cadre. NEA does not reimburse salary.

## INSTRUCTIONS

Members desiring to become BSHPIP cadre trainers should submit the following:

### A completed application form.

No additional information or documentation should be forwarded with the application, unless specified on the application form.

Two recommendations and two references from individuals, excluding relatives, who have knowledge of the applicant's qualifications as a trainer.

One of the two references must be from an officer or staff member of the applicant's state or local Association.

A written statement describing the value of having a BSHPI Program, and the reasons for applying for the BSHPIP cadre.

Mail or fax the application forms to NEA so that they are received on or before **THURSDAY, DECEMBER 1, 2011**. **Applications received after the deadline date will not be considered. No exceptions will be made.**

**Mail the application materials to:**  
NEA Human and Civil Rights  
ATTN: Robin Jones  
1201 Sixteenth Street, N.W., Suite 616  
Washington, DC 20036  
or  
Fax to: 202-822-7578  
ATTN: Robin Jones

## ELIGIBILITY AND SELECTION CRITERIA

NEA invites your application if you meet the following criteria:

- a proven track record in training adult learners,
- experience and/or knowledge of the Association,
- strong oral and written communication skills,
- strong interpersonal skills,
- sensitivity and appreciation of diversity including gender and cultural differences,
- the ability to work as a team member, and
- knowledge of subject matter content (i.e., sexual harassment, bullying, etc.).

## ADDITIONAL REQUIREMENTS

Applicant must have:

- full active NEA membership,
- application submitted by deadline,
- favorable references, and
- availability to deliver at least one to four trainings annually.

A selection committee will review all applications and select 30 semi-finalists. All semi-finalists will be required to attend a six-day Training of Trainers (TOT) session scheduled from July 18-25, (place to be determined).

**Finalists will be selected and notified of their acceptance onto the cadre by August 15, 2012.**

**If you cannot participate fully in the BSHPIP Training of Trainers session, please do not complete this application.**

## APPLICATION AND SELECTION SCHEDULE

**October 1 – December 1, 2011**

*Applications and information available online.*

**Thursday, December 1, 2011**

*Deadline for receipt of applications to NEA.*

**March 1 – April 1, 2012**

*Reference checks and telephone interviews with semi-finalists.*

**May 1, 2012**

*Notify finalists of their participation in Training of Trainers.*

**July 18-25, 2012**

*Training of Trainers session for finalists conducted.*

**August 15, 2012**

*Cadre selections completed. Notification of status mailed to all finalists.*

# Bullying and Sexual Harassment Prevention and Intervention Program Cadre Application

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

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

City: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email/Internet Address: \_\_\_\_\_

Employment Position: \_\_\_\_\_

State Affiliate: \_\_\_\_\_

Local Affiliate: \_\_\_\_\_

Have you ever served on a NEA National Cadre(s)?\* \_\_\_\_\_

If so, what cadre and when? \_\_\_\_\_

## NEA Membership

Are you an active National Education Association (NEA) member:  YES  NO

If so what is your membership number: \_\_\_\_\_

ESP

NEA Retired

Higher Ed

Student

K-12

Grade Level: \_\_\_\_\_

Number of years you have worked as an education employee: \_\_\_\_\_

## Ethnicity/Race:

American Indian/Alaska Native

Tribal Affiliation: \_\_\_\_\_

Asian

Black

Caucasian

Hispanic

Multiple Races

Native Hawaiian or Other Pacific Islander

Other Racial or Ethnic Minority

Please specify: \_\_\_\_\_

## Gender:

Female

Male

*Note: The application packet includes the nine-page application and two recommendation forms. Failure to complete and submit the complete application with the recommendation forms to NEA on or before December 1, 2011) will be cause for automatic disqualification. No exceptions will be made.*

*\*Trainers may not serve on any other NEA national cadre while serving on the BSHPIP cadre.*

# Bullying and Sexual Harassment Prevention and Intervention Program Cadre Application

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

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

City: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email/Internet Address: \_\_\_\_\_

Employment Position: \_\_\_\_\_

State Affiliate: \_\_\_\_\_

Local Affiliate: \_\_\_\_\_

Have you ever served on a NEA National Cadre(s)?\* \_\_\_\_\_

If so, what cadre and when? \_\_\_\_\_

## NEA Membership

Are you an active National Education Association (NEA) member:  YES  NO

If so what is your membership number: \_\_\_\_\_

ESP

NEA Retired

Higher Ed

Student

K-12

Grade Level: \_\_\_\_\_

Number of years you have worked as an education employee: \_\_\_\_\_

## Ethnicity/Race:

American Indian/Alaska Native

Tribal Affiliation: \_\_\_\_\_

Asian

Black

Caucasian

Hispanic

Multiple Races

Native Hawaiian or Other Pacific Islander

Other Racial or Ethnic Minority

Please specify: \_\_\_\_\_

## Gender:

Female

Male

*Note: The application packet includes the nine-page application and two recommendation forms. Failure to complete and submit the complete application with the recommendation forms to NEA on or before December 1, 2011) will be cause for automatic disqualification. No exceptions will be made.*

*\*Trainers may not serve on any other NEA national cadre while serving on the BSHPIP cadre.*

## Bullying and Sexual Harassment Prevention/Intervention Program Cadre Application

**I. Bullying and Sexual Harassment Prevention/Intervention Training Participation.** Have you participated in any related NEA training sponsored by your state Association or NEA in the past 5 years? (Check all of the trainings that are applicable)

- Bullying
- Sexual Harassment
- None
- Other: please specify: \_\_\_\_\_

If you checked "none," please state why?

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**II. Training Experiences (Begin with the most recent)** Please list/presentations in which you were the trainer (List only experiences with adult learners). Use additional sheets, if needed.

Type of Training: \_\_\_\_\_ Year: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Description: \_\_\_\_\_

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Type of Training: \_\_\_\_\_ Year: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Description: \_\_\_\_\_

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Type of Training: \_\_\_\_\_ Year: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Description: \_\_\_\_\_

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Type of Training: \_\_\_\_\_ Year: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Description: \_\_\_\_\_

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## Bullying and Sexual Harassment Prevention/Intervention Program Cadre Application

### III. Association Experience: (Begin with the most recent experience)

List positions you have held, specifying appointive and elective positions; committee or caucus activity; volunteer positions; and, if currently in service, length of term. Include dates for each position and activity. Use additional sheets, if needed.

Position: \_\_\_\_\_ Year: \_\_\_\_\_

Association: \_\_\_\_\_

*Please check:*

Elected       Appointed       Volunteer

Position: \_\_\_\_\_ Year: \_\_\_\_\_

Association: \_\_\_\_\_

*Please check:*

Elected       Appointed       Volunteer

Position: \_\_\_\_\_ Year: \_\_\_\_\_

Association: \_\_\_\_\_

*Please check:*

Elected       Appointed       Volunteer

Position: \_\_\_\_\_ Year: \_\_\_\_\_

Association: \_\_\_\_\_

*Please check:*

Elected       Appointed       Volunteer

## Bullying and Sexual Harassment Prevention/Intervention Program Cadre Application

**IV. Specialized Training/Experiences.** List recent training or education, which you have attended that would enhance your ability to deliver training on topics related to bullying and sexual harassment. Use additional sheets, if needed.

Type of Training: \_\_\_\_\_ Year: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Description: \_\_\_\_\_

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Type of Training: \_\_\_\_\_ Year: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Description: \_\_\_\_\_

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Type of Training: \_\_\_\_\_ Year: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Description: \_\_\_\_\_

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Type of Training: \_\_\_\_\_ Year: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Description: \_\_\_\_\_

---

Type of Training: \_\_\_\_\_ Year: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Description: \_\_\_\_\_

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**Bullying and Sexual Harassment Prevention/Intervention Program Cadre Application**

**V. Availability for Training.** Are there commitments that would be a factor in your availability to deliver training? *Trainers are expected to be available at least one to two times a year to train.* (If yes, please describe.)

## **Bullying and Sexual Harassment Prevention/Intervention Program Cadre Application**

- VI. Statement.** In one page ( **no more than 500 words**), share your thoughts about the following topics. Please print or type using a font size no smaller than 12.

In our selection process, one goal is to include the broadest range of diversity (i.e., race, ethnicity, sexual orientation, gender, membership categories, and regional location) and experience.

- Describe the importance of having a Bullying and Sexual Harassment Prevention/Intervention Program in NEA.
- State why you would be a valuable addition as a trainer for the Bullying and Sexual Harassment Prevention/Intervention Program.

## **Bullying and Sexual Harassment Prevention/Intervention Program Cadre Application**

- VII. References.** You must list the names of two references. One of the two references must be from an officer or staff member of the applicant's state or local Association in order to verify your membership and who also have first-hand knowledge of your Association participation. The reference form is enclosed.
- VIII. Recommendations.** You must include recommendations from two individuals, excluding relatives, who have first-hand knowledge of your skills and abilities as a public speaker or trainer. Two recommendation forms are enclosed.
- (1) Complete the information at the top of the form.
  - (2) Provide a self-addressed, stamped envelope with the form.
  - (3) Have each recommendation returned to you in a sealed envelope.
  - (4) Send the **sealed recommendations** with your application to NEA.
- IX. Telephone Interviews.** Members of the Cadre Selection Committee will contact you to schedule a telephone interview between March 1 and April 1, 2012. Please provide valid contact information on your application as we will use this information to communicate with you.

## Bullying and Sexual Harassment Prevention/Intervention Program Cadre Application

### Understanding of Commitment:

Applicants for the NEA BSHPIP national training cadre may not currently be a member of any other NEA national cadre OR have served on any other NEA national cadre in the past year.

*Are you currently a member of any other NEA national cadre?*       Yes     No

*Have you served on any other NEA national cadre in the past year?*       Yes     No

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Please check each box if you agree with the statement.

*If I am selected as a finalist for the NEA BSHPIP National Cadre, I agree to attend an initial Training of Trainers session July 18-25, 2012, place to be determined.*

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to my selection for the NEA Bullying and Sexual Harassment Prevention and Intervention Program (BSHPIP) cadre, I understand that false or misleading information in my application can result in my release*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note: This application, including the two sealed recommendation forms, must be mailed to NEA and postmarked on or before December 1, 2011. Incomplete applications will be NOT considered. Please send your completed application and recommendation forms to:**

**NATIONAL EDUCATION ASSOCIATION  
Human and Civil Rights  
BSHPIP Peer Trainer Selection  
Attention: Robin Jones  
1201 Sixteenth Street, NW – Suite 616  
Washington, DC 20036  
Fax: (202) 822-7578**

**Bullying and Sexual Harassment Prevention/Intervention Program Cadre Application**

**Trainer Applicant References**

*NOTE: References will not be considered unless received with the application on or before **December 1, 2011**. All information should be clearly printed or typewritten.*

*Please do not abbreviate.*

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

Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email/Internet Address: \_\_\_\_\_

Employment Position: \_\_\_\_\_

State Affiliate: \_\_\_\_\_

Local Affiliate: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email/Internet Address: \_\_\_\_\_

Employment Position: \_\_\_\_\_

State Affiliate: \_\_\_\_\_

Local Affiliate: \_\_\_\_\_

# Bullying and Sexual Harassment Prevention/Intervention Program Cadre Application

## Trainer Applicant Recommendation

*NOTE: Recommendations will not be considered unless received with the application on or before December 1, 2011. All information should be clearly printed or typewritten.*

*FOR APPLICANT: I waive the right to review this completed recommendation form.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

The applicant named above is submitting an application to participate in the National Education Association's Bullying and Sexual Harassment Prevention/Intervention Program (BSHPIP) as a peer trainer. This individual, if selected as a national trainer, will deliver skills training to educational personnel across the United States. BSHPIP trainers volunteer their time and energy to enhance the knowledge and skills of educational leaders.

Please help us make a determination about the suitability for participation by responding to the following questions. **Return this form to the applicant in a sealed envelope within one week of receipt.** The applicant must send the application and recommendation forms to NEA no later than **December 1, 2011**. Thank you very much for your time and assistance.

- What is your association with the applicant? (e.g.: principal, supervisor, colleague, etc.)
- Please rate the applicant on each of the following items using the scale below:

	5 = Outstanding	4 = Excellent	3 = Good	2 = Fair	1 = Needs Improvement
Confidence and self control before an audience	5	4	3	2	1
Ability to organize, clarify and express thought verbally	5	4	3	2	1
Ability to create a noticeable level of enthusiasm and rapport with the audience	5	4	3	2	1
Ability to read and react to the audience to create a positive learning environment	5	4	3	2	1
Ability to listen, empathize with others and reflect on what has been said before responding	5	4	3	2	1
Ability to develop and utilize effective instructional methods to get the audience involved	5	4	3	2	1

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

*Please note that your recommendation will be held in confidence.*

# Bullying and Sexual Harassment Prevention/Intervention Program Cadre Application

## Trainer Applicant Recommendation

*NOTE: Recommendations will not be considered unless received with the application on or before December 1, 2011. All information should be clearly printed or typewritten.*

*FOR APPLICANT: I waive the right to review this completed recommendation form.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

The applicant named above is submitting an application to participate in the National Education Association's Bullying and Sexual Harassment Prevention/Intervention Program (BSHPIP) as a peer trainer. This individual, if selected as a national trainer, will deliver skills training to educational personnel across the United States. BSHPIP trainers volunteer their time and energy to enhance the skills of educational leaders.

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5 = Outstanding      4 = Excellent      3 = Good      2 = Fair      1 = Needs Improvement

Confidence and self control before an audience      5      4      3      2      1

Ability to organize, clarify and express thought verbally      5      4      3      2      1

Ability to create a noticeable level of enthusiasm and Rapport with the audience      5      4      3      2      1

Ability to read and react to the audience to create a Positive learning environment      5      4      3      2      1

Ability to listen, empathize with others and reflect on what Has been said before responding      5      4      3      2      1

Ability to develop and utilize effective instructional methods to get the audience involved      5      4      3      2      1

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

*Please note that your recommendation will be held in confidence.*