

**Pure Intentions School of Energy
Application of Interest**

Name _____

Address _____ City _____ Zip _____

Phone _____ E-mail _____

What service are you interested in providing? _____

What degree or certifications do you hold in this field?

Do you carry your own liability insurance? Yes No

 If so, what type of policy? _____

What days are you available to hold sessions/classes? M T W Th F Sa Su

When would you prefer to hold a sessions/class? morning afternoon evening

Where do you currently teach or facilitate? _____

Please explain how your program/services would fit into the overall concept of the Pure Intentions School of Energy.

Please submit this application to:

Kathy Evans at Pure Intentions 1862 Akron-Peninsula Road, Akron, OH 44313