



Corporate Office
Revive CPR LLC
2111 E Wooster Suite A-11
Bowling Green OH 43402
(No Walk-Ins)

Dear CPR Contract Instructor Applicant,

Please complete the information below. Sign and send the form back to support@revivecpr.org. We will review your application and follow-up with a Zoom Meeting.

First Name	Last Name

Address	City	State	Zip Code

Email Address	Phone Number

American Red Cross Instructor Certifications You Possess

Years Experience	How Far Willing to Travel	Do You Have Necessary Equipment?

Availability (State Day of Week and if Available Morning, Afternoon, Evening)

If we hire you as a Contract Instructor, we will request an IRS W-9 form from you. Also, we will draw up an Agreement between you and Revive CPR LLC.

I certify that the information provided on this form is true.

Signature

Date