

American Red Cross

APPLICATION FOR TRAINING DISASTER TRAINING SYSTEM

Title of Course:			
Location of Course:		Scheduled Date:	

Name of Applicant:	Last	First	M.I.
Street Address:			Daytime Phone:
City/State/Zip:			Alternate Phone:
Occupation:			
If course is Mental Health or Health Services, provide professional license #, expiration date & discipline:			
Red Cross Unit of Affiliation:			
Red Cross Position Title:			

Volunteer
 Chapter Employee
 Disaster Reserve
 National Employee
 Other

All disaster courses have specific prerequisites of training and or experience that an applicant **MUST** have prior to enrollment. Using the current fact sheet for this course, located on CrossNet, indicate which prerequisites you have met.

TRAINING (You only need to list the prerequisites for the course you are taking.)

Course Title	City and State Where Course Was Held	Inclusive Date(s) of Course

DISASTER EXPERIENCE (You only need to list experience that is a prerequisite for the course you are taking.)

DR No.	Name of Operation	Dates	Location	Activity/Position

OTHER REQUIRED TRAINING AND/OR EXPERIENCE

REASON FOR WANTING TO TAKE THIS COURSE

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I have reviewed the course fact sheet and I meet the training and experience prerequisites as indicated above.

Applicant Signature _____

Date _____

Note: Submit original to Disaster Services at your chapter or unit.

CONCURRENCES, RECOMMENDATIONS AND APPROVALS

S E C T I O N A	Affiliated Chapter Approval:	Date Application Received: _____	
	Comments:		
	YES-Candidate meets ALL requirements and IS recommended for training. NO-Candidate IS NOT recommended for training for reason(s) above.		
	_____	_____	_____
	Date	Signature of Disaster Services Chairman or Director	Title of Designee if Signing for Chairman or Director

S E C T I O N B	Sponsoring or Hosting Chapter Approval	Date Application Received: _____	
	Comments:		
	YES-Candidate meets ALL requirements and IS recommended for training. NO-Candidate IS NOT recommended for training for reason(s) above.		
	_____	_____	_____
	Date	Signature	Title

DIRECTIONS FOR COMPLETION AND PROCESSING OF APPLICATION

BASIC COURSES ONLY: Chapter or unit complete Section A. Send to instructors.

ALL ADVANCED COURSES:

Chapter/Unit: Complete Section A.

Retain one copy. Send original to unit sponsoring or hosting training. Provide copy to course instructors

Sponsor or Host Chapter: Complete Section B.

Retain one copy, if desired. Provide copy to course instructors