

American Red Cross

APPLICATION FOR TRAINING DISASTER TRAINING SYSTEM

Title of Course: _____

Location of Course _____ Scheduled Date: _____

Name of Applicant: _____
Last First Middle

Address: _____ Office Phone _____

_____ Home Phone _____

Occupation: _____

Red Cross Unit of Affiliation: _____

Red Cross Position Title: _____

Volunteer Chapter Employee Disaster Reserve Nat'l 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, indicate below how such prerequisites have been met.

TRAINING

| Course Title | City and State Where Course Was Taken | Inclusive Date(s) of Course |
|--------------|---------------------------------------|-----------------------------|
| | | |
| | | |
| | | |
| | | |

EXPERIENCE

| DR No. | Name of Operation | Dates | Location | Function/Position |
|--------|-------------------|-------|----------|-------------------|
| | | | | |
| | | | | |
| | | | | |

OTHER REQUIRED TRAINING AND/OR EXPERIENCE

REASON FOR WANTING TO TAKE THIS COURSE:

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

Signature _____ Date _____

CONCURRENCES, RECOMMENDATIONS, AND APPROVALS

SECTION A

FOR CHAPTER USE ONLY

Plan for use of candidate and other comments

Date Received: _____

- YES** – Candidate meets ALL requirements and IS recommended for appointment.
 NO – Candidate IS NOT recommended for appointment for reason(s) below.

Date

Signature of Disaster Services
 Chairperson or Director

Title of Designee if Signing for
Chairperson or Director

SECTION B

FOR STATE SERVICE COUNCIL USE ONLY

Plan for use of candidate and other comments

Date Received: _____

- YES** – Candidate meets ALL requirements and IS recommended for appointment.
 NO – Candidate IS NOT recommended for appointment for reason(s) below.

Date

Signature

Title

SECTION C

FOR DISASTER SERVICES, PREPAREDNESS, NATIONAL HEADQUARTERS, USE ONLY

Plan for use of candidate and other comments

Date Received: _____

- YES** – Candidate meets ALL requirements and IS recommended for appointment.
 NO – Candidate IS NOT recommended for appointment for reason(s) below.

Date

Approval Signature

Title

DIRECTIONS FOR COMPLETION AND PROCESSING OF APPLICATION

BASIC COURSE ONLY: Chapter or unit completes Section A. Send to instructors.

ALL INTERMEDIATE OR ADVANCED COURSES:

CHAPTER OR FIELD STATION: Complete Section A.

Retain one copy. Send original to Disaster Services, state service council.

STATE SERVICE COUNCIL: Complete Section B.

Retain one copy, if desired. Send original to Disaster Services, Preparedness, national headquarters.

DISASTER SERVICES, PREPAREDNESS, NATIONAL HEADQUARTERS: Complete Section C.

Retain original. Notify state service council, or requesting unit, of decision. Send approved copy to instructor