

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 _____

If Mental Health Professional: License #, Date of Expiration & 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, indicate below how such prerequisites have been met.

TRAINING

Course Title	City and State Where Course Was Held	Inclusive Date(s) of Course
Fulfilling our Mission & Mass Care Overview		
Client Casework		
Collaborating to Ensure Effective Service Delivery		
Fundamentals of Disaster Assessment (Online component)		
CAC: FSI workers (online 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 _____

APPLICANT: Submit original to Disaster Services at the chapter or unit.

Date _____

American Red Cross Form **5898H (Rev. 2-04)**

CONCURRENCES, RECOMMENDATIONS, AND APPROVALS

S E C T I O N A	FOR CHAPTER/STATION USE ONLY	
	Plan for use of candidate and other comments	Date Received: _____
	<input type="checkbox"/> YES-Candidate meets ALL requirements and IS recommended for appointment. <input type="checkbox"/> NO-Candidate IS NOT recommended for appointment for reason(s) above.	
_____	_____	_____
Date	Signature of Disaster Services <input type="checkbox"/> Chairman or <input type="checkbox"/> Director	Title of Designee if Signing for Chairman or Director

S E C T I O N B	FOR SERVICE AREA USE ONLY	
	Plan for use of candidate and other comments	Date Received: _____
	<input type="checkbox"/> YES-Candidate meets ALL requirements and IS recommended for appointment. <input type="checkbox"/> NO-Candidate IS NOT recommended for appointment for reason(s) above.	
_____	_____	_____
Date	Signature	Title

S E C T I O N C	FOR TRAINING DEVELOPMENT & DELIVERY, NATIONAL HEADQUARTERS USE ONLY	
	Plan for use of candidate and other comments	Date Received: _____
	<input type="checkbox"/> YES-Candidate meets ALL requirements and IS recommended for appointment. <input type="checkbox"/> NO-Candidate IS NOT recommended for appointment for reason(s) above.	
_____	_____	_____
Date	Signature	Title

DIRECTIONS FOR COMPLETION AND PROCESSING OF APPLICATION

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

ALL INTERMEDIATE OR ADVANCED COURSES:

CHAPTER OR STATION: Complete Section A.
Retain one copy. Send original to Service Area.

SERVICE AREA: Complete Section B.
Retain one copy, if desired.

TRAINING DEVELOPMENT & DELIVERY, NATIONAL HEADQUARTERS: Complete Section C.
Retain original. Notify Service Area of decision.