

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

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.

(Classroom) Time	Thursday	Friday	Saturday	Sunday
(1) 8:30 a.m.	Fulfilling Our Mission	Shelter Operations	Working With Total Diversity	Psychological First Aid
(1) 1:00 p.m.	Mass Care Overview	Shelter Simulation		Fundamentals of Disaster Assessment
(2) 8:30 a.m.	Logistics Overview	Client Casework	Financial & Statistical Information Management Weapons of Mass Destruction	Disaster Fund Raising
(2) 1:00 p.m.	Logistics Simulation			
(3) 8:30 a.m.	Disaster Instructor Specialty Training	Disaster Instructor Specialty Training	Mass Care II	Mass Care II
(3) 1:00 p.m.	Disaster Instructor Specialty Training			
(4) 8:30 a.m.	Disaster Frontline Supervisor	Foundations of Disaster Public Affairs	Foundations of Disaster Mental Health	Health Services Response Workshop
(4) 1:00 p.m.	Disaster Frontline Supervisor Simulation			
(5) 8:30 a.m.	Mass Casualty Disasters	Fundamentals of Chapter Operation Management	Fundamentals of Chapter Operation Management Service Delivery Site Management	Service Delivery Site Management
(5) 1:00 p.m.	In-Kind Donations			
(6) 8:30 a.m.		Collaborating to Ensure Effective Service Delivery/EOC	Collaborating to Ensure Effective Service Delivery/EOC	
(6) 1:00 p.m.				
(7) 8:30 a.m.			DST 101 Overview DST 101 Customer Service (RCS)	DST 101 Computer Operations (RCO) DST 101 Communications (RCM)
(7) 1:00 p.m.			DST 101 Networking (RNT)	
	Disaster Kitchen Training	Disaster Kitchen Training	Kitchen Supervision	
(Chapter) 8:30-4:30	ERVs Ready Set Roll			
Work Shops 7:00 p.m.	Shelter Management	Shelter exercise	Youth Development Workshop	
	Working with other Agencies Organizations	Skywarn		

AMERICAN RED CROSS
Tennessee Valley Regional Disaster Institute
July 23 - 26, 2009
University Of Alabama Huntsville
Huntsville, Al 35899

All registrations must be received by June 24, 2009
Cancellations must be received by July 8, 2009 in writing to receive a refund minus a \$25
administrative fee.

Registration questions should be emailed to shirley@helpcantwait.org or call 256-536-0084 ext 310

Please Print

Name _____

Address _____ City _____ State _____

Email _____ Phone _____

Home Chapter _____

1st Emergency contact _____ Phone _____

2nd Emergency contact _____ Phone _____

Please circle needs:

Lodging: Wednesday Thursday Friday Saturday

Meals:	Thursday	Friday	Saturday	Sunday
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
Lunch	Lunch	Lunch	Lunch	Lunch
Dinner	Dinner	Dinner		

Registration Fee	\$45.00	_____
Fee Per Day	\$15.00	_____
Lodging per night	\$30.00	_____
Breakfast	\$6.00	_____
Lunch	\$8.00	_____
Dinner	\$10.00	_____
Amount due for Registration		Total \$ _____

*Please note any medical, dietary or other needs. _____

Please attach Form 5898-H for each class you wish to take that has been approved by your Chapter or your Director of Emergency Services.

Mail to: American Red Cross
Madison/Marshall Chapter
Tennessee Valley Regional Disaster Institute
1101 Washington St.
Huntsville, AL 35801