

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 |
|--------------|--------------------------------------|-----------------------------|
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EXPERIENCE

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