

# 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**

<b>S E C T I O N  A</b>	<b>FOR CHAPTER/STATION USE ONLY</b>	
	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

<b>S E C T I O N  B</b>	<b>FOR SERVICE AREA USE ONLY</b>	
	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

<b>S E C T I O N  C</b>	<b>FOR TRAINING DEVELOPMENT &amp; DELIVERY, NATIONAL HEADQUARTERS USE ONLY</b>	
	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.