

Arrowsmith Search & Rescue

Training Application Form (revised 09/22/2006)

Please complete & send to Training Officer for review. (*optional fields)

Applicant Information		
First & Last Name:	Date :	
Mailing Address:		
*E-mail Address:		
Phone #:	*Other #:	
Name of current 1 st Aid Certificate:	Certifying Body:	Expiry Date:
Course Information		
Course Name:	Course Date:	Course Location:
Are you taking the course: <i>(circle or X)</i>		
<input type="checkbox"/> a) For the 1 st time		
<input type="checkbox"/> b) To keep skills current, when was the last course taken? Date:		
<input type="checkbox"/> c) To re-certify, when does the existing certification expire? Date:		
*Course Cost:	*If funding is available would you like to apply for it? <i>(circle or X)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant Signature: _____ **Date:** _____

*Comments: (Applicants or TO's)	
Office Use Only: funding request discussed at: (circle or X)	
<input type="checkbox"/> a) Directors Meeting	Date:
<input type="checkbox"/> b) Monthly Meeting	Date:
Amount requested:	Comments:
Amount approved:	

Training Officer Signature: _____ **Date Reviewed:** _____

JH/rm