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|  **WV/FEMA ACTIVE THREAT TRAIN the TRAINER Application**  | Applications submitted directly to:**Melissa.J.Raynes@wv.gov** | Please print or type. The application must be fully completed to be considered.  |
|  |
| **Personal Information** |
| Name |  |  |  |  |
|  |
| Address |  | City | State | Zip |
|  |  |  |  |
| Phone Number | Email Address |  |  |
|  |  |
| Are you a WV Resident?  | Have You Ever Been Convicted Of A Felony? |
| Yes [ ]  | No [ ]  | Yes [ ]  | No [ ]  |  |
| If Selected for this education you are willing to instruct the program or parts of the program across the state as needed. |
| Yes [ ]  | No [ ]  |  |  |  |
|  |
| **Department** |
| Department You Represent |  | Years associated |
|  |  |
| Department Address | City | State | Zip |
|  |  |  |  |
| Department Phone Number | Supervisor Name |  |  |
|  |  |
| Supervisor Email Address |  |  |
|  |
|  |
| **Certifications** |
| Certification Name | Date Received |
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| **[** |
| **References** |
| Name | Title | Phone |
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| **Signature Disclaimer** |
| I certify that my answers are true and complete to the best of my knowledge and that am physically able to complete the training offered. If this application leads to acceptance, I understand that the expectation of WVOEMS and EMSAC is that I will assist with and/or coordinate additional courses or portions of courses throughout West Virginia as needed.  |
| Name (Please Print) | Signature |
|  |  |
| Date |  |
|  |