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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 | |  | |
|  | | | |