



Emergency Management

Training Application

TRAINING COURSE TITLE: _____

LOCATION: _____ DATE(s): _____

NAME (as you want it to appear on a certificate)—PLEASE PRINT OR TYPE

☞ _____
First Name Middle Initial Last Name

JOB TITLE ☞ _____

SOCIAL SECURITY NUMBER ☞ ____ / ____ / ____ -- ____ / ____ -- ____ / ____ / ____ / ____

MAILING ADDRESS

☞ _____
Organization Street Address

☞ _____
City State Zip

PHONE NUMBER ☞ (_____) _____

Job Code:

- Public Sector: State Government City/County Administration Emergency Management
 Fire Police Public Information
 Public Works Rescue/EMS Social Services
 Other: _____

Private Sector: _____
Describe

Signature of Applicant

Date

General Information

ONLINE and FAXED APPLICATIONS: Applications for attendance transmitted by facsimile or through the Internet at www.vdem.state.va.us will be accepted for consideration if submitted prior to the application deadline.

OVERNIGHT ACCOMMODATIONS: Unless otherwise indicated, VDEM will NOT be responsible for lodging costs. VDEM will generally furnish the names, addresses and telephone numbers of several hotels/motels near the training site. Further information on rates and availability can be obtained by contacting the facilities directly.

Any training for which VDEM will provide lodging or reimbursement of expenses will be specifically indicated on the training announcement.

SPECIAL NOTES OR REQUESTS FOR DISABILITY ARRANGEMENTS: Individuals with a disability, as defined in the Americans with Disabilities Act of 1990, desiring to attend this session should contact VDEM ten (10) days prior to the event so as to ensure appropriate accommodations are provided. PLEASE NOTE SPECIAL NEEDS:

Complete and return this application by the deadline shown on the training announcement to:

**VIRGINIA DEPARTMENT OF EMERGENCY MANAGEMENT
ATTN: TRAINING AND RESOURCE BRANCH
10501 TRADE COURT
RICHMOND, VIRGINIA 23236-3713**

Tel: (804) 897-6500, Ext. 6557

FAX: (804) 897-6556