



APPLICANT INFORMATION:

Name: _____ Volunteer Level: ____ Driver ____ EMT How long have you been a volunteer? _____ years

Community in which you primarily volunteer: _____

TRAINING/CONFERENCE DETAILS:

Conference/Class Title: _____

Location: _____ Date(s): _____

ESTIMATED COSTS:

Tuition: \$ _____ Additional Training Fees/Books: \$ _____ **Net Training Cost: \$ _____**

Additional Costs/Books Required for Training – Please list

- 1. _____ 2. _____
- 3. _____ 4. _____

Will hotel/lodging requirements be required for the conference? ____ Yes ____ No If yes, estimated cost of lodging: \$ _____

How many nights will you be staying? _____ How many days? _____ Are requesting Per diem for meals? ____ Yes ____ No

Total Estimated Expense you are requesting financial Assistance with \$: _____

BENEFITS RECEIVED FROM ATTENDING TRAINING/HOW WILL IT BENEFIT THE ASSOCIATION?

Briefly describe how attending this training will benefit you, advance your skills as a volunteer with the Association and give back to the Association:

____ I understand that I may be asked to do a presentation at a Continuing Education Event report back to the board or host a class about this training upon my return. I understand this may not be asked of all individuals on all trainings, but may be required by the Board on overnight conferences.

Submit this form plus a completed Registration Form for the Training Requested to the Board no later than one (1) Month Prior to Start of Training.

Applicant Signature **Printed Name – Electronic Submission** **Date**

Leave signature blank if submitting electronically. The board will have you sign prior to approval.

FOR BOARD OF DIRECTOR USE ONLY:

Approved: _____ Reimbursed: _____ Not Approved: _____