



# TUSCALOOSA COUNTY EMERGENCY MANAGEMENT AGENCY TRAINING APPLICATION

<b>Name:</b>	<b>Position in Organization:</b>	
<b>Name and Address of Organization Represented:</b>		
<b>Home Address:</b>	<b>Home Phone #</b>	
	<b>Work Phone #</b>	
	<b>Fax #</b>	
<b>Social Security #</b> <small>(Providing SSN is VOLUNTARY - we use it for our federal reporting system)</small> <b>E-mail:</b>	<b>Gender:</b> Male _____ Female _____	<b>Date of Birth:</b>
<b>Course Name:</b>		
<b>Course Date(s):</b>		
<b>I plan to commute each day:</b> <span style="float: right;">Yes _____ No _____</span>		
<b>Do you have any disabilities that require special consideration?</b> <span style="float: right;">Yes _____ No _____</span> If yes, please explain:		
<b>Briefly describe your activities or responsibilities as they relate to the course for which you are applying and identify how you will use the information obtained from the course:</b>		
<b>Signature of Participant:</b>  <b>Date:</b>	<b>Approval of Emergency Management Director, or Designee:</b>  <b>Date:</b>	
<b>Note: For Emergency Management Institute courses, a FEMA Form 75-5 is required.</b>		
Please return application(s) to: <b>Tuscaloosa County EMA - P. O. Box 2089 - Tuscaloosa, AL 35403</b>		