



# Adventist Community Services – Disaster Response

## Chesapeake Conference of Seventh-day Adventists

### APPLICATION FOR ACS DISASTER RESPONSE TRAINING (one application per person)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Sex: M/F \_\_\_\_\_ D.O.B. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Home Church \_\_\_\_\_ Conference \_\_\_\_\_

Occupation \_\_\_\_\_

Have you taken this course before? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

Have you had any other disaster response training? \_\_\_\_\_ If so, what type of training? \_\_\_\_\_

Contact person in case of emergency \_\_\_\_\_ Phone number \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Application Fee Enclosed (\$35.00) \_\_\_\_\_ Photo ID Credential Fee Enclosed (\$5.00) \_\_\_\_\_

Disaster Response T-shirt (optional, \$10.00 each)+ \$5.00 S/H \_\_\_\_\_(S) \_\_\_\_\_(M) \_\_\_\_\_(L) \_\_\_\_\_(XL) \_\_\_\_\_(2X) \_\_\_\_\_(3X)

Make check payable to: *Chesapeake Conference - Disaster Response*

Submit your application and payment to:

Chesapeake Conference of Seventh-day Adventists

Attn: ACS Disaster Response

6600 Martin Road  
Columbia, MD 21044

***For office use only***

Date rec'd by ACS/DR: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

Rec'd by: \_\_\_\_\_

Date deposited with Treasury: \_\_\_\_\_