

Application for ACS Disaster Response Training

PLEASE PRINT

Name: _____ Date _____

Sex: M ___ F ___ D.O.B. _____

Address: _____

City: _____ State: _____ ZIP _____

County where you reside: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail: _____

Home Church: _____ Conference: _____

Have you had any other disaster response training? _____

If so, what type of training? _____

Occupation: _____

Contact person in case of emergency: _____

Phone number of contact person: _____

Signature: _____

Application fee enclosed: \$ _____

Checks should be made to Chesapeake Conference Disaster Response and sent to Chesapeake Conference, Attn: Evelyn Gates, 6600 Martin Road, Columbia, MD 21044 .

If you have any questions, please contact Kitty Juneau at (301-367-2715) or (301-774-3474)