



# Portage County

## Office of Homeland Security & Emergency Management



### TRAINING APPLICATION

Fax Application To: (330) 297-4569 ♦ **Or** ♦ Email Application To: \_\_\_\_\_

**BOX 1** *Instructions: Fill out Boxes 1 through 3 as needed, sign, and send in.*

Name: \_\_\_\_\_

Title/Rank: \_\_\_\_\_

Organization/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

FEMA Student ID#: \_\_\_\_\_

*If FEMA Student ID# not required, put N/A.*

**\*\*Note\*\***

*If training is being held at the Portage County EOC, there is limited parking in the rear of the building. Park in the front of the building and check in with Reception. If back parking lot is full, you'll be escorted to the EOC.*

**BOX 2**

Course Name/Number: \_\_\_\_\_

Course Date(s): \_\_\_\_\_

**BOX 3**

*Do you require disability accommodations or have medical condition(s) which require special considerations?*

☐ Yes

☐ No

☐ Prefer to  
not answer

If so, describe how we can meet your needs below

I certify that all information of this application is correct and  
that I meet all course prerequisites where applicable.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor – if required – please **print name and sign**

**For Internal Use**

Received By and Date: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Comments: \_\_\_\_\_