



Portage County Office of Homeland Security & Emergency Management



Training Application

Please Type or Print All Information

NAME: _____

TITLE: _____

NAME & ADDRESS OF ORGANIZATION REPRESENTING:

COURSE NAME / NUMBER: _____

COURSE DATE(s) REQUESTED: _____

Do you have any allergies, medical conditions, etc. which require special consideration?

YES NO If YES, please describe special needs: _____

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 will be escorted to the EOC.*

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

Signature of Applicant

Supervisor's Signature

Date: _____

Date: _____