



2001 Jefferson Davis Highway, Suite 102
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www.greencross.org

Membership Application

Contact Information

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile _____ Email _____

Employer _____

Work Address _____

City _____ State _____ Zip _____

Work Phone _____ Mobile _____ Email _____

Education

Post High School Education/Degree(s)	Educational Institution	Date Conferred
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certificates/Licenses	Certifying Institution	Date Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Trauma/Disaster Experience

Event	Assignment	Organization Name	Dates Deployed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about us?

Additional Information

- | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------|-----------------------------|
| 1. I would like to be considered for disaster deployment with the Green Cross Academy of Traumatology Disaster Assistance Program. | In State | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Out of State | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Internationally | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. I have supervised a disaster team in the past. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. I have trained others in crisis intervention, disaster mental health, or related area. List types of training provided, the date, and the coordinating agency. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. I will mail, e-mail or fax my resume to complete the application process (address, e-mail fax provided on reverse). | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. I agree to comply with the Green Cross Academy of Traumatology Standards of Self-Care. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. I agree to comply with the Academy of Traumatology Standard of Practice (as adopted by the Florida Crisis Consortium and the State of Florida Department of Health). | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature

Date