1000 Regent University Drive, CRB 174
Virginia Beach, VA 23464
757-352-4228
greencrosshq@regent.edu
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

Additional Information

1. I would like to be considered for disaster deployment with the Green Cross Academy of Traumatology Disaster Assistance Program.

In State	☐ Yes	☐ No
Out of State	☐ Yes	☐ No
Internationally	☐ Yes	☐ No

2. I have supervised a disaster team in the past. ☐ Yes ☐ 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. ☐ Yes ☐ No

4. I will mail, e-mail or fax my resume to complete the appl1caUon process (address, e-mail fax provided on reverse). ☐ Yes ☐ No

5. I agree to comply with the Green Cross Academy of Traumatology Standards of Self-Care. ☐ Yes ☐ 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). ☐ Yes ☐ No

______________________________ ____________________

Signature Date