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GREEN CROSS ACADEMY OF TRAUMATOLOGY

Membership Application

Contact Information

Name (Please print)	
Employer	Home Address
Work Address	City, State, Zip
City, State, Zip	County
County	
Work Phone	Home Phone
Mobile Phone	Mobile Phone
Work E-Mail	Home E-Mail

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

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

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

I have trained others in crisis intervention, disaster mental health, or related area. Yes No

List types of training provided, the date, and the coordinating agency.

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

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

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