



TRAINING ACADEMY APPLICATION



Application Date:

*First Name:	MI:	*Last Name:	
*Home Address:			
*City:	*State:	*Zip Code:	
*Preferred Phone #:		Alternate Phone #:	
*E-mail Address:			
*District: Select District		*RR Leadership Position:	
*Church:			*Outpost #:
*Region: Select Region		*Currently Chartered? Yes <input type="checkbox"/> No <input type="checkbox"/>	

* Required information

Requirements Checklist

*Basic Qualifications	*DATE COMPLETED
Achieved the Advanced Level from the (OLAL) Outpost Leader Advancement Levels	
Read Leader Manual "Inspire the Journey" in its entirety	
Observed and/or assisted at three separate training courses (RB/RE or an RMA continuous learning elective)	

District Director Endorsement

By signing, I endorse the applicant as demonstrating aptitude to serve as a prospective instructor. I recommend they be invited to attend Training Academy to be evaluated as a potential RMA certified instructor or staff member.

Signature	Title	Date
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**(PLEASE NOTE: This application MUST be signed by the District Director OR his designee.)
For this form to be valid as an eform the District Director OR his designee should email it. If not used as an eform, a printed and signed copy must be mailed to the Training Coordinator at the address below.**

Mail to: District Training Coordinator
Insert address here