



# Gang Resistance Education And Training

## Application for Midwest Atlantic Regional G.R.E.A.T. Officer In-Service Training

|   |  |  |  |            |
|---|--|--|--|------------|
| Applicant's Name <i>(to be printed on certificate)</i>  |  |  |  |            |
| Title/Rank  |  | Last Four Digits of Social Security Number:<br>XXX – XX – ____ |  |            |
| Department/Agency   |  | Daytime Phone Number <i>(area code)</i>                        |  | Fax Number |
| State Agency <input type="checkbox"/> Federal Agency <input type="checkbox"/> <i>(please check one)</i> |  |  |  |            |
| Agency Address <i>(no P.O. Box please)</i>  |  | City   | State  | Zip        |
| Your E-mail Address   |  |  | Cell Phone Number  |            |
|   |  |  | Number of years as a full-time, certified/sworn law enforcement officer: _____ |            |

**Applicants for this training must have taught G.R.E.A.T. for at least one year.**

What month and year were you certified as a G.R.E.A.T. instructor? \_\_\_\_\_

How many G.R.E.A.T. classes have you taught in the past year? \_\_\_\_\_

Do you live more than 50 miles from the training location? Yes  No

If you live more than 50 miles from the training location, lodging will be provided. *(Please check here if you will need lodging provided.)*  
Yes, I will need lodging.

To ensure that the training best meets your needs, you have the option of using the space below to identify up to three areas of concern that you would like to see addressed during the training. Your comments will be reviewed by the training team prior to the training.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact information for GOI participants will be put in a spreadsheet for networking purposes. Check the box below indicating your participation in the information sharing. (Includes name, agency, phone number, and e-mail. All information shared is optional.)

I would like to share my information  I do not want to share my information

**SUPERVISOR'S SIGNATURE REQUIRED**

**Note:** Submitting the application does *not* guarantee attendance. **Please wait for the confirmation notice** before making travel arrangements.

***I authorize the designated instructor to attend the Regional G.R.E.A.T. Officer In-Service Training.***

Name of Authorized Agency Representative *(please print)*: \_\_\_\_\_

Authorized Agency Representative's Signature: \_\_\_\_\_

Authorized Agency Representative's Phone No.: \_\_\_\_\_ Date: \_\_\_\_\_

**How to Apply:** Please mail or fax the In-Service Training Application form to:

G.R.E.A.T. Midwest Atlantic Regional Training Center, La Crosse Police Department, 400 La Crosse Street, La Crosse, WI 54601  
Phone: (877) 864-7328 Fax: (608) 789-8203

For Office Use Only

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Application verified/approved: \_\_\_\_/\_\_\_\_/\_\_\_\_