



# Gang Resistance Education And Training

## Application for West 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: XXX – XX – ____		
Department/Agency  <i>State Agency</i> <input type="checkbox"/> <i>Federal Agency</i> <input type="checkbox"/> <i>(please check one)</i>		Daytime Phone Number <i>(area code)</i>		Fax Number
Agency Address <i>(no P.O. Box please)</i>	City	State	Zip	Cell Phone Number
Your E-mail Address			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.

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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. West Regional Training Center, Portland Police Bureau, 449 Northeast Emerson Street, Portland, OR 97211

Phone: (800) 823-7188 Fax: (503) 823-4162

For Office Use Only

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application verified/approved: \_\_\_\_/\_\_\_\_/\_\_\_\_