

White Pine Council
COUNCIL/AREA TRAINING APPLICATION (2010-2011)



- Use this Application for **White Pine Council and Area courses only**
- Do not use for courses offered 'out-of-Council'
- Refund of course fees is made available only upon the cancellation of the course or the medical condition of participant (supported by doctor's certification)

Course Pre-requisites (Please circle)

- Have you completed
 - **E-Learning Modules?** Yes No
 - **Section(s):** Beavers / Cubs / Scouts / Venturers / Rovers
 - **Module(s) completed:** 1 / 2 / 3 / 4 / 5
- If so, please print off a copy for each Module and bring to the course.

| | | | |
|--|----------------------------------|-------------------------|--|
| Course Date: | | Course Location: | |
| Course Applying For (please check only one) | | | |
| ___ Woodbadge Part I Colony | ___ Woodbadge Part II Colony | ___ | |
| ___ Woodbadge Part I Pack | ___ Woodbadge Part II Pack | ___ | |
| ___ Woodbadge Part I Troop | ___ Woodbadge Part II Troop | ___ | |
| ___ Woodbadge Part I Company | ___ Woodbadge Part II Company | ___ | |
| ___ Woodbadge Part I Crew | ___ Woodbadge Part II Crew | ___ | |
| ___ Woodbadge Part I Group Commissioner | ___ Trainer Development 1 | ___ Other | |

PERSONAL INFORMATION

PLEASE PRINT CLEARLY

Surname: _____ **Given Name:** _____ **Initial:** _____

Gender (M/F): ___ **Home:** (____) _____ **Business:**(____) _____

Address: _____

City: _____ **Postal Code:** _____

E-mail: _____

Current Role: _____ **Group:** _____ **MMS #:** _____

Area: _____ **Years of Service:** _____

Applicant Signature: _____ **Date:** _____

Emergency Contact Information (while at training): Name: _____

Relation: _____ **Phone:** (____) _____

Any member can participate in offered training courses, unless the course prerequisites have not been met by the applicant. There will be no expectation on the part of the above applicant to be reimbursed for training taken unless receiving prior approval from the Group Committee (for Section Leaders and Group Committee members), or the Council (for Group Commissioners, Support Scouters Council Members)

Approved by: _____ **Position** _____

Please print clearly

Approver's Signature : _____