

White Pine Council  
**COUNCIL/AREA TRAINING APPLICATION**



- 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.

<b>Course Date:</b>		<b>Course Location:</b>	
<b>Course Applying For (please check only one)</b>			
<input type="checkbox"/> Woodbadge Part I Colony	<input type="checkbox"/> Woodbadge Part II Colony	<input type="checkbox"/>	
<input type="checkbox"/> Woodbadge Part I Pack	<input type="checkbox"/> Woodbadge Part II Pack	<input type="checkbox"/>	
<input type="checkbox"/> Woodbadge Part I Troop	<input type="checkbox"/> Woodbadge Part II Troop	<input type="checkbox"/>	
<input type="checkbox"/> Woodbadge Part I Company	<input type="checkbox"/> Woodbadge Part II Company	<input type="checkbox"/>	
<input type="checkbox"/> Woodbadge Part I Crew	<input type="checkbox"/> Woodbadge Part II Crew	<input type="checkbox"/>	
<input type="checkbox"/> Woodbadge Part I Group Commissioner	<input type="checkbox"/> Trainer Development 1	<input type="checkbox"/> 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 :** \_\_\_\_\_