



GILA RIVER INDIAN COMMUNITY

Office of Emergency Management

PO Box 5072, Chandler, Arizona 85226
 Phone : (520) 796-3755 Fax: (520) 796-3759

Registration Form

Purpose: This form shall be used for the registration of all applicants attending OEM Trainings and to track and monitor certification of completion. A Registration Form should be filled out and returned to ensure that enough materials and supplies are available. Your registration will be confirmed by telephone or email within five (5) days of receipt.

APPLICANT CONTACT INFORMATION

Name:		Department/Program:	
Position /Title:		Phone:	
Cell Phone:	Email Address:		
Mailing Address:		City:	Zip:

COURSE INFORMATION

Course Title:	
Course Date:	Course Location:
<i>**Please attach a copy of the course information and completed Registration Form. Send all documentation to OEM.</i>	

APPLICANT AGREEMENT – PRINT, SIGN AND FORWARD TO OEM FOR PROCESSING

<ul style="list-style-type: none"> Ensure that all information on the Registration Form is accurate and up-to-date; Applicant's primary responsibility is to track and forward certificate(s) of completion over to OEM; I have been approved by my department/agency to attend this course. 		
Applicant:	Signature:	Date:
Request Approved By:	Signature:	Date:

OEM USE ONLY

Date Received:	Reviewed By:
<input type="checkbox"/> Registration Form Attached <input type="checkbox"/> Registration Confirmed <input type="checkbox"/> FEMA Form Attached <input type="checkbox"/> Prerequisites Completed	
Comments:	

Please mail, fax, or email Registration Form to:

GRIC Office of Emergency Management
 ATTN: Beckilyn Gonzales
 PO Box 5072
 Chandler, Arizona 85226
 Fax: (520) 796-3759

beckilyn.gonzales@gric.nsn.us



INSTRUCTIONS – OEM REGISTRATION FORM

Purpose: This form shall be used for the registration of all applicants attending OEM Trainings. This form is not to be used when submitting the GRIC Travel Authorization Form. The purpose of this form is to track, monitor and maintain accountability of all training OEM hosts and capture certification of completion.

Applicant Contact Information	
Title	Instructions
Name	Print full name
Department/Program	Enter Department/Program/Entity of whom the applicant is representing.
Position/Title	Enter name of position/title of the applicant
Phone	Enter phone number
Cell Phone	Enter cell phone number
Email Address	Enter email address
Mailing Address	Enter mailing address
City	Enter city
Zip	Enter zip code
Course Information	
Course Title	Enter title of the course
Course Date	Enter date of the course
Course Location	Enter location of the course
Applicant Agreement	
Applicant Agreement	Applicant is agreeing all information is correct on the Registration Form, responsible for tracking & forwarding certificate to OEM, and have Department/Program/Entity full support & approval to attend training.
Name, Signature, Date	Applicant's name printed
Signature	Applicant's signature
Date	Enter the date of signature
Request Approved By	Enter name of person who approved attendance to the training within the applicant's Department/Program/Entity
Signature	Signature of person who approved attendance to the training within the applicant's Department/Program/Entity
Date	Enter the date of signature
OEM Use Only (This section will be completed by OEM)	
Date Received	OEM Staff will enter date registration form is received
Reviewed By	OEM Staff will enter the name of the person who reviewed the registration form
Registration Form Attached	OEM Staff will check box once registration form is attached
Registration Confirmed	OEM Staff will check box once registration form is confirmed
FEMA Form Attached	OEM Staff will check box once FEMA Form is attached
Prerequisites Completed	OEM Staff will check box once prerequisite is confirmed completed for course applicant is requesting to attend
Comments	OEM Staff will provide any comments as appropriate



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Chandler, Arizona 85226

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