



# Gang Resistance Education And Training

## G.R.E.A.T. Families Training Application

(You must be a certified G.R.E.A.T. officer to apply for this training.)

Applicant's Name <i>(to be printed on certificate)</i>				Title/Rank	
Department/Agency		Daytime Phone Number <i>(area code)</i>		FAX Number <i>(required)</i>	
Agency Address <i>(no P.O. Box please)</i>		City	State	Zip	Cell Phone Number
Your E-Mail Address <i>(required)</i>				Year that you were certified as a G.R.E.A.T. officer:	

**Please list the training date and location you are interested in attending:**

Date: \_\_\_\_\_ Location: \_\_\_\_\_

### EMERGENCY INFORMATION

*In case of emergency, contact.*

\_\_\_\_\_  
Name Relationship Phone Number *(include area code)*

### 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 officer to attend the G.R.E.A.T. Families Training and understand the staffing and resources needed to provide G.R.E.A.T. Families to the community.***

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 G.R.E.A.T. Families Training Application form to:

G.R.E.A.T. Program Training Coordinator  
Institute for Intergovernmental Research  
Post Office Box 12729  
Tallahassee, FL 32317  
Phone number: (800) 726-7070  
**Fax: (850) 386-5356**