



Gang Resistance Education And Training (G.R.E.A.T.) G.R.E.A.T. Families Training Application

(You must be an active 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>	
City	State	ZIP	Cell Phone Number
Email Address <i>(required)</i>		Year that you were certified as a G.R.E.A.T. instructor:	

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

Date: _____ **Location:** _____

SUPERVISOR'S SIGNATURE REQUIRED

Note: Submitting this application does *not* guarantee attendance. **Please wait for the confirmation email** 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: _____

Authorized Agency Representative's Email Address: _____

How to Apply: Please email the G.R.E.A.T. Families Training Application form and any questions, if applicable, to greatprogramoffice@iir.com.

(You will be notified via email once your application has been processed.)