# Training Cadre Application

**Instructions**: Use this form as a starting point for your development efforts. Customize this form, adding relevant information as appropriate or removing information that does not apply to your situation.

## Application Instructions

### Cadre Description

[Provide a description of the cadre (e.g., size of team, where from)]

[Provide a description of what the cadre will do.]

***Example****: Examine Best Practices in Health and Physical Education. Receive training regarding instruction, scoring, and implementation for assessments, standards, and effective health and physical education. Develop materials and provide school, district, or region training to assist the organization with the implementation, dissemination, and comprehension of Health and Physical Education assessments and standards.*

Interested applicants should complete and return a completed application and provide recommendation forms. It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Who Should Apply

Currently recruiting for the following position(s):

Position: [INSERT POSITION]

***Example****: Currently recruiting for the following educator positions:*

* *Elementary, middle, or high school health and physical education teachers*
* *Career and technical educators*
* *District or school health and physical education coordinators*

### Dates

Application review and selection process will begin on [INSERT DATE]. Upon completion of this process, all applicants will be notified of their application status via phone, e-mail, or regular mail.

Deadline to apply is [INSERT DATE].

A recommendation form must be completed by [INSERT DATE]. This document can either be mailed with the completed application or mailed separately.

### Application Submission

Submit completed applications and recommendations by e-mail, fax, or regular mail to:

Name: [INSERT NAME]

Address: [INSERT MAILING ADDRESS]

E-mail: [INSERT E-MAIL ADDRESS]

Phone: [INSERT PHONE NUMBER]

Fax: [INSERT FAX NUMBER]

## Application Form

### Personal Information

Name of Applicant: [INSERT LAST NAME], [INSERT first NAME] [INSERT middle initial]

Address: [INSERT STREET ADDRESS]

City: [INSERT CITY] State: [INSERT STATE] Zip: [INSERT ZIP CODE]

**Phone Number(s):** Please indicate the best number and time of day to reach you:

* Phone1: [INSERT phone number] A.M./P.M.: [INSERT TIME]
* Phone2: [INSERT phone number] A.M./P.M.: [INSERT TIME]
* Phone3: [INSERT phone number] A.M./P.M.: [INSERT TIME]

E-mail Address: [INSERT e-mail ADDRESS]

**Ethnicity:** On occasion, clients may request trainers of a specific race or ethnicity. To more effectively match potential trainers with client requests, please indicate the category that best describes you.

| Check Box | Ethnicity |
| --- | --- |
| [ ]  | African American |
| [ ]  | Alaskan Native |
| [ ]  | Asian/Pacific Islander |
| [ ]  | Caucasian |
| [ ]  | Hispanic/Latino |
| [ ]  | Native American |
| [ ]  | Other |

**Languages:** Please list any language(s) other than English in which you are proficient.

[INSERT language]

### Employment Information

Current Position: [INSERT POSITION]

Employer: [INSERT employer]

Address: [INSERT employer ADDRESS]

City: [INSERT CITY] State: [INSERT STATE] Zip: [INSERT ZIP CODE]

Work E-mail Address: [INSERT e-mail address]

Work Phone Number: [INSERT phone number]

Length of Employment: [INSERT length]

*If this is a school, indicate level (i.e., elementary, middle, high school)* [INSERT level]

### Education

School: [INSERT school]

Degree: [INSERT degree]

Year Graduated: [INSERT year]

School: [INSERT school]

Degree: [INSERT degree]

Year Graduated: [INSERT year]

Professional Association/Organization: [INSERT school]

Membership Years: [INSERT years]

Professional Association/Organization: [INSERT school]

Membership Years: [INSERT years]

Professional Development Courses:

* [INSERT course]
* [INSERT course]
* [INSERT course]

### Training Experience

Please provide brief answers to the following statements or questions.

1. Briefly describe your experience working with [INSERT specific topics]

*(****Example****: Health and Physical Education standards)*

1. What experience do you have with the implementation of [INSERT specific topics] (***Example****: SHI, SHG, PECAT, HECAT)*?
2. Briefly describe any experience you have in training adult audiences.
3. Briefly describe any relevant trainings you have attended related to [INSERT specific topics].
4. List any school, district, or other committees or relevant professional organizations with which you are involved.
5. Explain why you consider yourself to be a strong candidate for [INSERT cadre name].
6. Please indicate any ethnic population(s) with which you have worked extensively.

### Interest and Availability

Please provide brief answers to the following statements or questions.

1. Indicate the workshop(s) you would like to facilitate: [list types of trainings available]
2. How many training events are you interested in facilitating over the next 12 months?
3. How many training days per year are you will to contribute as a trainer for the [INSERT cadre name] cadre?

*(****Example:*** *6 days/year; 7‒10 days/year; more than 10 days/year)*

1. How much notice do you require before accepting a training assignment?

### Resume, Curriculum Vitae, Biographical Summary

Please attach your resume, curriculum vitae, or a biographical summary with this application.

### References

Please list three professional references who can attest to your training qualifications and skills.

Reference1: [INSERT name]

Title: [INSERT title]

Organization: [INSERT organization]

E-mail Address: [INSERT e-mail address]

Phone Number: [INSERT phone number]

Reference2: [INSERT name]

Title: [INSERT title]

Organization: [INSERT organization]

E-mail Address: [INSERT e-mail address]

Phone Number: [INSERT phone number]

Reference3: [INSERT name]

Title: [INSERT title]

Organization: [INSERT organization]

E-mail Address: [INSERT e-mail address]

Phone Number: [INSERT phone number]

### Signatures/Agreement

By submitting this application, I affirm that the statements are true and complete and that I am willing to commit to participating fully in the [INSERT cadre name] cadre.

Name (printed): [INSERT name]

**Signature:**

Date: [INSERT date]