



Application for the Colorado School Safety Resource Center Virtual School Safety Academy June 3 - 7, 2024

Name of Applicant School and District/BOCES (if applicable)

Email: _____

Cell: _____

Address for receipt of Academy materials:

Street

City/State/Zip

Name of Principal/Supervisor: _____

Email of Principal/Supervisor: _____

- Applicant and Supervisor are aware that the School Safety Academy will be presented live and virtually on
June 3 - 7, 2024 from 8 AM to 1:00 PM each day.

Please both initial

- Applicant and Supervisor commit to ensuring the Applicant’s **availability** for each session of the School Safety Academy, barring unforeseen circumstances or illness.

Please both initial

- Applicant and Supervisor agree that Applicant has **completed prerequisite training** for the Academy, specifically FEMA Courses [IS-100.C](#) and [362.A](#), and that the FEMA Certificates are attached.

Please both initial

- Applicant and Supervisor are aware that failure to attend each entire session may result in failure to receive a Certificate of Completion as a School Safety Specialist.

Please both initial

- Applicant and Supervisor agree that Applicant will attend with camera open and will engage in activities to the full extent possible.

Please both initial

- Applicant and Supervisor commit to ongoing training with the Colorado School Safety Resource Center, as available, to ensure Applicant receives thorough and current training as a School Safety Specialist.

Please both initial

Applicant signature

Principal/Supervisor signature

Date