



**Application for the Colorado School Safety Resource Center
Virtual School Safety Academy
June 7-11, 2021**

Name of Applicant

School and District (if applicable)

Email: _____

Cell: _____

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 7-11, 2021 from approximately 8 AM to approximately 12:30 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 will complete all prerequisite training prior to attending the Academy, including FEMA Courses IS-362.A and IS-100.C.

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

Return the completed application to Melissa.Rubeo@state.co.us