



University of Nevada  
Cooperative Extension



**ALERT, EVACUATE, SHELTER PROJECT PARTICIPANT REGISTRATION**

(Fax one per team member/participant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Pager: \_\_\_\_\_ Cell Provider: \_\_\_\_\_

Please provide cell phone number, pager number and provider for an exercise during the training.

County/Parish/Area: \_\_\_\_\_ T-Shirt size: \_\_\_\_\_

Organization Position Title or Area of Expertise: \_\_\_\_\_

IF YOU ARE A YOUTH PLEASE COMPLETE: Year in School: \_\_\_\_\_ Age: \_\_\_\_\_

Experience in Leadership and 4-H: Please describe:

\_\_\_\_\_  
\_\_\_\_\_

All applicants please check the boxes below that apply:

Experience/Training Level:  Beginner  Intermediate  Advanced

GIS experience/Training Level:  Beginner  Intermediate  Advanced

Additional Trainings:  CERT Training  ICS Training Other: \_\_\_\_\_

What is your experience in working with emergency managers in your community?

\_\_\_\_\_  
\_\_\_\_\_

How does this training support you in working with community emergency preparedness?

\_\_\_\_\_  
\_\_\_\_\_

What are your expectations for this training?

\_\_\_\_\_  
\_\_\_\_\_

Other information: Do you have any questions or concerns?

\_\_\_\_\_  
\_\_\_\_\_



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(Fax one per participant)

Training Facts – Here are a few things you will need to know about this training:

- The AES grant will provide one parking pass per team where required, two meals and refreshments to include beverages and snacks
- Attendees will be responsible for all other costs to include: transportation and lodging for the training
- Check our website for updated information at <http://www.crn4h.org>
- There is not cost for the conference registration

Each team will receive \$500 to support their community AES project. In addition, ESRI (Environmental Systems Research Institute, Inc.) will provide grants for ArcView 9.2 software. You will be expected to:

- Complete the ESRI Grant application (please print out the ESRI Introductory or Intermediate application form) included in the Registration Packet to receive the ArcView 9.2 software
- Create a Youth Science Engineering and Technology (SET) team to work on the AES project
- Teach geospatial technology to teens and adults to enable them to create maps for their community
- Do a presentation for the local emergency managers in their community
- You may also be asked to facilitate an evaluation in your community using a pre and post survey
- Each team should plan on bringing their own laptop and at least one 2G flashdrive for records (having one per team member would be beneficial)

**PHOTO/AUDIO/VIDEO RELEASE**

I give permission, without restriction, to the Alert, Evacuate and Shelter (AES) Project to:

- \_\_\_\_\_ photograph me
- \_\_\_\_\_ videotape me
- \_\_\_\_\_ audio record me
- \_\_\_\_\_ quote me

I grant the right to use these materials for educational and promotional use without payment or remuneration for any appearances, use or displays. I acknowledge the AES Project’s right to crop or treat the display of my photograph at its discretion. I understand that the AES Project may use these materials in printed and Internet publications and presentations that they produce, and that they may also give these materials to news media and other organizations for educational or promotional purposes.

Name of Participant: \_\_\_\_\_

Signature: \_\_\_\_\_

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

If participant is under 18 years of age:

Signature of Guardian: \_\_\_\_\_

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



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**Community Team Form (fax one Team Form per team)**

**Instructions: Complete the Community Team Form, only one required per community. Attach a letter of support from your state 4-H Program Leader indicating your community has been selected for this training.**

**Community Team Application Form**

Your team must include a minimum of four people for the training. Additional team members are welcome. Required team members should include:

1. 4-H Teen Member (between the ages of 13-19)
2. Community Representative (emergency manager)
3. GIS Technician (person capable of teaching GIS)
4. Extension or 4-H Educator

County/Parish/Unit: \_\_\_\_\_ State: \_\_\_\_\_

Name of team members:

- |          |              |
|----------|--------------|
| 1. _____ | email: _____ |
| 2. _____ | email: _____ |
| 3. _____ | email: _____ |
| 4. _____ | email: _____ |
| 5. _____ | email: _____ |

- If an email address is not available, please provide a contact phone number.
- Only those team members listed will receive a registration packet.

The following section is for administrative use only

Application received: \_\_\_\_\_ Training Session: \_\_\_\_\_



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**Please complete and return the following attached forms:**

- Registration form (one per person)**
- Photo/Video Release form (one per person)**
- Community Team Application form (one per team)**
- Commitment Letter (one per team)**
- Health Form (one per person)**
- Letter of Support from your 4-H Program Director**

**Please complete or start the following forms and bring with you to the training:**

- GIS/GPS Grant Form – printed or saved electronically on your laptop or flash drive  
(Bring with you to the training partially completed)**
- Copies of each attendee’s Health Form (to be kept with the team leader)**
- Each team should plan on bringing one lap top computer for Wednesday**
- Each team should bring a 2GB flashdrive to save their work**

**Please address the School Release Form to the principal for every youth in your team.**

**Please Fax Registration Form, Photo/Video Release Form, Community Team Application, Commitment Letter,  
Letter of Support and Medical Release to the following:**

*Susan Emmons*  
**Community Readiness Network Project Coordinator**  
**University of Nevada Cooperative Extension**  
**111 Sheckler Road, Fallon, NV 89406-8951**  
**(775) 423-5121 / (775) 423-7594 Fax**  
[emmonss@unce.unr.edu](mailto:emmonss@unce.unr.edu)

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