

## **Swiftwater Rescue Trainer Application**

A complete application, including all required documentation, must be received at Dive Rescue International headquarters at least 45 days prior to the first day of class.

Training Location			Date	
Applicant Information Name			Date of E	Birth
Mailing Address	City		State	Zip Code
Cell Phone	Work Phone		Home Ph	none
Email			T-sh	irt size
Department/Team Affiliation	Supervisor's Email			
Department / Team		Position /	Title	
Mailing Address	City		State	Zip Code
Supervisor's Name	Title			Phone
This application does NOT guarantee you	r acceptance into the program. You	will be notified of your acceptan	ce after you	ur application has been approved.
Payment Information Tuiti	od of payment Proof of payment Proof of On \$1,100.00	CPR Proof of First EMT or Para	medic	Copy of Swiftwater Rescue I and II Certifications
Billing Address Credit Card Number	City	_	State	Zip Code
		Department Card Exp. Personal Card		Security Code
Purchase Order Number	Pleas	se provide a copy of the P	O with re	gistration
Check Number				
Instructor and/or Training Expe	rience			
Motor and or Coriffmator Boson	- Francisco			
Water and/or Swiftwater Rescu	e Experience			

Swiftwater Rescue Trainer certificates are earned on the basis of satisfactory class performance. In this way, Dive Rescue International preserves the quality of its programs and reaffirms its commitment to present and future trainees.

Student Swiftwater Rescue I and/or II kits are a required part of the Swiftwater Rescue Trainer teaching system and must be purchased at least 14 days prior to your department sponsored classes.

To Register (select one)

**Fax** the application to (970) 482-0893

Email the application to Training@DiveRescueIntl.com (preferred)

Mail the application to Dive Rescue International 201 North Link Lane, Suite A

Fort Collins CO 80524



## **Sample Sponsorship Letter**

## MUST BE ON DEPARTMENT LETTERHEAD and contain the following paragraphs!

## **Date**

Dive Rescue International Attn: Education Department 201 North Link Lane Fort Collins, CO 80524-2712

Dive Rescue International,

This will confirm that (**name**), an employee of (**department**) is instructing Swiftwater Rescue to our employees in his/her capacity as a certified Swiftwater Rescue Trainer.

(**Name**) is covered for instructor liability exposure while acting in his/her capacity as an employee of (**department**). The trainer is defended by the agency self insurance or insured liability coverage.

(**Department**) understands that it is our responsibility to notify Dive Rescue International of changes in this coverage or this employee's status as an employee or instructor.

If you should have any questions on this matter please contact the undersigned.

Sincerely, (Department Name)

Supervisor's Signature

(Supervisor's Name) (Supervisor's Position)