



# GWRRA Medic First Aid Instructor/Trainer Application



Training Center: GWRRA

Training Center ID GWR802

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Address: \_\_\_\_\_  
                    Street / P O Box

\_\_\_\_\_  
                    City                                    State                                    Zip code

Phone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
                    Home  Mobile

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

GWRRA Member Number: \_\_\_\_\_ District: \_\_\_\_\_ Region: \_\_\_\_\_

Applying for:

- \_\_\_\_\_ Instructor (check enclosed \$21.65 payable to Lydia Bourg)
- \_\_\_\_\_ Instructor Renewal Instructor Number \_\_\_\_\_ (enclose check \$21.65 payable to Lydia Bourg)
- \_\_\_\_\_ Instructor Trainer Instructor Number \_\_\_\_\_ (enclose check \$21.65 payable to Lydia Bourg)

Have you ever had a license or certification suspended, revoked or denied, including certification by ASHI, AHA, ARC or NSC, or been convicted of a felony in any state?

\_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, you may still be eligible for Instructor authorization, but you must attach a detailed explanation.)

Instructor agreement: I agree that the information and documentation I have provided is true and accurate. I agree to conduct MEDIC FIRST AID training classes in accordance with the most recent version of the MEDIC FIRST AID Training Center Administrative Manual and understand that authorization as a MEDIC FIRST AID Instructor may be suspended it revoked at any time by MEDIC FIRST AID OR GWRRA Director of CPR/First Aid.

Applicant Signature:

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

Approval:

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

District or Region Coordinator

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

Lydia Bourg, GWRRA Director of CPR/First Aid

**Effective 08/23/2014 Send completed form with payment to: Your Region Coordinator who will send it to Lydia Bourg  
Ver. 082014**