Kansas Division of Emergency Management
Training Cadre
Instructor Application

Applicant Information

Name:

Address: Date:

City: Zip:

County:

Organization:

Office phone: Cell:

Fax: Email:

Do you have permission of your supervisor to conduct training on behalf of the Kansas Division of Emergency Management?

☐ Yes ☐ No

Do you have the support of the Emergency Manager within your jurisdiction (county) to participate in the KDEM Instructor Cadre?

☐ Yes ☐ No

Please attach a letter (e-mail) from your County Emergency Manager stating support of your participation in training activities for Kansas Division of Emergency Management..

Education

School,College or University:

Degree/Certification:

School,College or University:

Degree/Certification:

Teaching/instructor Licenses or Certifications

Licensing or Certifying Organization:

License(s) or Certificate(s): Expiration Date:

Courses taught:

Licensing or Certifying Organization:

License(s) or Certificate(s): Expiration Date:

Courses taught:

Teaching/Instructing Experience

Organization:

Address:

City, State, Zip:

Titles of Courses, Seminars Taught:

Contact:

Phone: E-mail:

Organization:

Address:

City, State, Zip:

Titles of Courses, Seminars Taught:

Contact:

Phone: E-mail:

References

Please provide two references able to provide an assessment of your instructional delivery skills.

Name:

Organization:

Phone: E-mail:

Name:

Organization:

Phone: E-mail:

Area of Interest

Please list courses you have completed FEMA Train the Trainer for:

Please list courses you have previously instructed:

Please list other courses you would be interested in instructing:

Signature

I wish to be considered by Kansas Division of Emergency Management as an instructor for the Kansas Division of Emergency Management State Training Cadre. I understand that while acting as part of the KDEM Instructor Cadre I am considered a volunteer representative of the State of Kansas, Division of Emergency Management, Training Section and I agree to conduct all courses in professional manner in accordance with the materials provided. I agree not to accept any employment relationship with any organization that does business with, or competes with the Adjutant General's Department, the Kansas Division of Emergency Management, or their partners. This includes serving as an advisor, consultant, or instructor to any organization of that type unless the activity is conducted as a representative of Kansas Division of Emergency Management Instructor Cadre. I understand participating in, designing, holding, hosting, or instructing courses for profit or fee to counties or participants within the State of Kansas is considered a conflict of interest and is prohibited.

Signature:

Date: