

FORM A
COMMUNITY & MASTER TRAINER APPLICATION

1. Name: _____
Last
First
Middle
Former Name(s)

2. Application Date: _____

3. I am applying to be a:

- Community Trainer *(Add Form B)* Master Trainer *(Add Form C)*

4. **GEOGRAPHIC AVAILABILITY.** Which counties are you willing and able to train in?

- All counties/statewide
- | | | | |
|------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Baker | <input type="checkbox"/> Douglas | <input type="checkbox"/> Lake | <input type="checkbox"/> Sherman |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Gilliam | <input type="checkbox"/> Lane | <input type="checkbox"/> Tillamook |
| <input type="checkbox"/> Clackamas | <input type="checkbox"/> Grant | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Umatilla |
| <input type="checkbox"/> Clatsop | <input type="checkbox"/> Harney | <input type="checkbox"/> Linn | <input type="checkbox"/> Union |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Hood River | <input type="checkbox"/> Malheur | <input type="checkbox"/> Wallowa |
| <input type="checkbox"/> Coos | <input type="checkbox"/> Jackson | <input type="checkbox"/> Marion | <input type="checkbox"/> Wasco |
| <input type="checkbox"/> Crook | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Morrow | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Curry | <input type="checkbox"/> Josephine | <input type="checkbox"/> Multnomah | <input type="checkbox"/> Wheeler |
| <input type="checkbox"/> Deschutes | <input type="checkbox"/> Klamath | <input type="checkbox"/> Polk | <input type="checkbox"/> Yamhill |

5. I am willing and able to provide training in the following language(s):

- English Russian Vietnamese
 Chinese Spanish Other: _____

6. I have completed the Oregon Registry Trainer Orientation: Yes No
If Yes, please attach a copy of your orientation certificate(s) or a copy of your completed orientation quiz.

7. I wish to be reviewed for a step on the Oregon Registry: Yes No

8. **LISTSERV SUBSCRIPTION.** I wish to subscribe to the OCCD Listserv, "Trainer Notes." OCCD will use this electronic means of communication to distribute resources and information regarding professional development and adult development for trainers. *(A valid, working email address is required to subscribe to the Listserv.)*

Yes No Email: _____

9. I attest that I have read the NAEYC Code of Ethical Conduct and Statement of Commitment and Supplement for Adult Educators (http://www.naeyc.org/about/positions/ethical_conduct.asp). I commit myself to the code's ideals and principles as the core values of our profession and as my work as an adult educator.

Applicant Signature

Date Signed