

FUNCTIONAL ASSESSMENT SERVICE TEAM (FAST) COURSE APPLICATION WHAT SIZE VEST DO YOU WEAR? (FAST VESTS RUN SMALL, CIRCLE ONE BELOW):
S M L XL XXL XXXL

NAME:	TITLE:
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AGENCY/ORGANIZATION:	GOV / NGO (CIRCLE ONE)
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WORK PHONE:	E-MAIL:
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WHICH TRAINING LOCATION/DATES ARE YOU PLANNING TO ATTEND?

MY DIRECT SERVICE SKILL SET INCLUDES:

DISABILITY AREA:	# OF YRS.	DISABILITY AREA:	# OF YRS.
Aging		Medical/Chronic Health Conditions	
Developmental/Intellectual/Cognitive		Deaf/Hard of Hearing	
Vision		Mental Health	
Physical Disabilities		Behavioral Health (substance abuse issues)	

Describe your professional experience and related personal experience that qualifies you to be a FAST member (you may include any information about current licenses that are related to your present position).

Describe your emergency response experience.

If you have any disabilities, special dietary needs, allergies or medical conditions which require accommodation during your attendance, please indicate below.

Applicant: I have read the FAQs on the FAST website (<http://www.cdss.ca.gov/inforesources/Mass-Care-and-Shelter/FAST>) _____
SIGNATURE

Applicant's Supervisor: I have reviewed the FAST program FAQs and discussed the program with the applicant. I understand and support the applicant's commitments for FAST training and deployment.

PRINTED NAME	SIGNATURE
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Some accommodations require notification up to 2 weeks prior to the training to make the necessary arrangements.