

DELTA Facilitator Training Registration

DATE: _____ LOCATION: _____

NAME: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____

TRAINING TYPE:

_____ Teambuilding/Imitative _____ Low Ropes Course _____ High Ropes

_____ Cabre High Course _____ A.L. Mickelson Field Station High Course

CPR TRAINING _____ **FIRST AID TRAINING** _____

Do you intend to work more DELTA programs then just your organization? _____ (yes) _____ (no)

If "Yes", what is your availability: (circle all that apply)

Weekends Weekdays Evening Only Anytime

1-3 programs per year 4-6 programs per year 6-10 programs per year

>10 programs per year

ACKNOWLEDGEMENT OF TRAINING:

By signing below, I agree to follow all DELTA/Northwest College guidelines for facilitating on DELTA/Northwest College challenge courses. I also agree that I will **NOT** facilitate on DELTA/Northwest College challenge courses if I have not completed a DELTA/Northwest College facilitator training within the last 12 months and/or do not hold a current certification in CPR and Standard First Aid.

I acknowledge that by completing this DELTA/Northwest College Training, I am not guaranteed certification to facilitate on DELTA/Northwest College Challenges Courses unless I pass the training and complete all requirements outlined in the DELTA Policy Manual for the DELTA/Northwest College Challenge Courses. I also acknowledge that I may not have the opportunity to facilitate as many courses as I have indicated above due to availability of DELTA programs throughout the year.

Participant Signature

DATE

DELTA Director Signature

DATE