

**APPLICATION FOR “TRAIN THE TRAINER PROGRAM ON WORKPLACE
HEALTH AND SAFETY”**

March 2 – 7, 2008

Mail or fax completed application form by **February 4, 2008** to:

**Applications, Health and Safety Train the Trainer Program
National Labor College at the George Meany Center Campus
10000 New Hampshire Avenue
Silver Spring, Maryland 20903
Attention: Sharon Simon
Fax: (301) 628-0160
Phone: (301) 431-5414**

Please Print or Type

Name: Mr./Ms. _____

Union Position _____

Union/Organization _____

Mailing Address _____

City _____ State _____ Zipcode _____

Business Phone _____

Home Phone _____

Your Fax _____

E-Mail Address _____

Cost of program: Full payment is due upon acceptance into the program. A single room for six nights (Saturday-Thursday) and all meals starting with Sunday breakfast costs \$1162. The cost per person for a double room is \$757. For commuters, the cost is \$280, which includes lunches and dinners.

Both sides of this application must be completed!

The following must be signed by applicant and sponsoring union/organization:

Applicant and sponsoring union/organization understand that this program requires that participants have the following qualities:

- Interested in workplace health and safety;
- Committed to participating fully in the Train the Trainer program and in facilitating future trainings in their own unions/organizations;
- Responsible, organized and able to sincerely listen to people;
- Particularly helpful (but not required): ability to speak and write in Spanish or other non-English language commonly spoken by your union's/organization's member.

Applicant and sponsoring union/organization agree to the following:

- Applicant is able to complete a 6 day train the trainer program;
- Applicant will lead at least three health and safety training programs for workers using the curricula they have been trained to facilitate -- programs can be one hour to one day in length and must be completed by December 31, 2008;
- Applicant will work with the appropriate union/organization officers to organize, promote and provide these programs; and
- Applicant will have the institutional support of his/her union/organization in order to accomplish the above.

Applicant: _____
(signature)

Date: _____

Sponsoring Union/Organization: _____

Representative of Union/Organization: _____
(print)

(signature)

(position in union/organization)

Business Address _____

City _____ State _____ Zip code _____

Business Phone _____

Fax _____

E-Mail Address _____