



TRAINING ACADEMY APPLICATION (E-FORM SUBMISSION)



Application Date:

*First Name:	MI:	*Last Name:
*Home Address:		
*City:	*State:	*Zip Code:
*Preferred Phone #:		Alternate Phone #:
*E-mail Address:		
*District:	*RR Leadership Position:	
*Church:	*Outpost #:	
*Region:	*Currently Chartered? Yes <input type="checkbox"/> No <input type="checkbox"/>	

* Required information

REQUIREMENTS CHECKLIST

*Basic Qualifications	*DATE COMPLETED
Achieved the Advanced Level from the (OLAL) Outpost Leader Advancement Levels	
Read the Royal Rangers Leader Manual in its entirety	
Observed and/or assisted at least one training course(s) (RB/RE, RS or an RMA continuous learning elective)	

District Director Endorsement

By signing, I endorse the applicant as demonstrating aptitude to serve as a prospective instructor. I recommend they be invited to attend Training Academy to be evaluated as a potential RMA certified instructor or staff member.

Signature

Title

Date

(PLEASE NOTE: This application MUST be signed by the District Director OR his designee.)

For this E-form to be a valid TA application submission, it must be emailed to the District Training Coordinator by the District Director OR his designee. Otherwise, the candidate must mail a printed copy of the regular Training Academy Application (that has been signed by the District Director) to the District Training Coordinator.