



Ice Rescue Trainer Application

A complete application, including all required documentation, must be received at Dive Rescue International headquarters at least 21 days prior to the first day of class.

Training Location _____ Date _____

Applicant Information

Name _____ Date of Birth _____
Mailing Address _____ City _____ State _____ Zip Code _____
Cell Phone _____ Work Phone _____ Home Phone _____
Email _____ T-shirt size _____

Department/Team Affiliation

Department / Team _____ Position / Title _____
Mailing Address _____ City _____ State _____ Zip Code _____
Supervisor's Name _____ Title _____ Phone _____

This application does NOT guarantee your acceptance into the program. You will be notified of your acceptance after your application has been approved.

Required Documentation

 All of the following must accompany this application

- Letter of team sponsorship Method of payment Proof of CPR Proof of First Aid, EMT or Paramedic

Payment Information

 \$425 (US) \$435 US (Classes in Canada) All checks must be payable in US funds

Billing Address _____ City _____ State _____ Zip Code _____
Credit Card Number _____ Department Card Exp. _____ Security Code _____
 Personal Card
Purchase Order Number _____ Please provide a copy of the PO with registration Check Number _____

Instructor and/or Training Experience

Water and/or Ice Rescue Experience

Ice Rescue Trainer certificates are earned on the basis of satisfactory class performance. In this way, Dive Rescue International preserves the quality of its programs and reaffirms its commitment to present and future trainees.

Student Ice Rescue kits are a required part of the Ice Rescue Trainer teaching system and must be purchased at least 14 days prior to your department sponsored classes.

Mail this application to:
Dive Rescue International
201 North Link Lane, Fort Collins CO 80524
or Fax it to (970) 482-0893 or email to training@DiveRescueIntl.com

Print Form



Sample Sponsorship Letter

MUST BE ON DEPARTMENT LETTERHEAD
and contain the following paragraphs!

Date

Dive Rescue International
Attn: Education Department
201 North Link Lane
Fort Collins, CO 80524-2712

Dive Rescue International,

This will confirm that **(name)**, an employee of **(department)** is instructing Ice Rescue to our employees in his/her capacity as a certified Ice Rescue Trainer.

(Name) is covered for instructor liability exposure while acting in his/her capacity as an employee of **(department)**. The trainer is defended by the agency self insurance or insured liability coverage.

(Department) understands that it is our responsibility to notify Dive Rescue International of changes in this coverage or this employee's status as an employee or instructor.

If you should have any questions on this matter please contact the undersigned.

Sincerely,
(Department Name)

Supervisor's Signature

(Supervisor's Name)
(Supervisor's Position)