

LCMS DR Training – Basic LERT Trainer Application

Complete and submit this application to your DDRC for consideration to be a Lutheran Early Response Team (LERT) Basic Trainer.

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____
Church: _____ City: _____ State: _____

Are you Lutheran Early Response Team credentialed? Yes No

If yes, date and location of initial training: _____

Experience (deployment and presentation) and Training:

Are you on a LERT team? Yes No If Yes, where? _____

List the latest disaster responses you have been on.

<u>Year</u>	<u>Response Name</u>	<u>Location</u>	<u>Type</u>	<u>Responsibilities</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you willing to follow LERT Trainer guidelines and remain current on LERT topics?

Yes No

Applicant Name: _____
Applicant Signature: _____ Date: _____

Please save and email this application to your DDRC when complete.

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District Disaster Response Coordinator Recommendation

(To be completed by Applicant's District Disaster Response Coordinator)

Have you worked with this Applicant? Yes No

Applicant's Training Experience and Knowledge (observed): Rate 1 (Low) - 5 (High)

Experience in group settings _____

Education experience _____

Well organized _____

Punctual _____

Presents neat appearance _____

Able to use technology _____

Willing to travel for LERT training _____

In addition to the screening questions above, write a brief narrative on how you have worked with the Applicant, your observations of their ability to teach in a group setting, leadership ability, teaching ability, technology skills (computer, video and sound system setup and operation, PowerPoint), commitment to LERT program, etc.

Do you recommend this applicant to be a Lutheran Early Response Team Trainer?

Yes No

DDRC Name: _____

DDRC Signature: _____ Date: _____

Upon DDRC completion of this application, please save and email to Rev. Michael Meyer:
Michael.Meyer@lcms.org

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Applicant Name: _____

LCMS Disaster Response

(To be completed by a representative of LCMS Disaster Response Training)

Completed	Item
Yes No	Applicant Application
Yes No	District Disaster Response Coordinator Recommendation Recommended: Yes No Comments:
Yes No	LERT Instructor Proficiency completed. Instructor Name: _____ Date: _____
Yes No	LERT Trainer Application Approved. By: _____ Date: _____
Yes No	LERT Trainer credential issued. Date: _____