



## TRAINING ACADEMY APPLICATION



Application Date: \_\_\_\_\_

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

*\*Required Information*

### REQUIREMENTS CHECKLIST

*Basic Qualifications	*Date Completed
Have achieved the Advanced Level of the Outpost Leader Advancement Levels (OLAL)	
Read the Royal Rangers Leader Manual in its entirety	
Observed and/or assisted at three separate training courses (RF/RE or an RMA CLE)	

### DISTRICT DIRECTOR ENDORSEMENT

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*This application must be signed by the District Director or his designee*