



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