



SOLAR THERMAL INSTALLATION TRAIN-THE-TRAINER COURSE ENROLLMENT APPLICATION

APPLICANT INSTRUCTIONS

- Enrollment Applications must be submitted to Jeff Wheeland by November 7, 2011
E-mail: jeff.wheeland@energycenter.org or Fax: 858.244.1178
- Please submit a professional resume with this Enrollment Application
- A letter of support from the institution/organization where you teach must accompany this application. The letter should indicate how the training provided will be implemented within the institution/organization.
- Contact Jeff Wheeland with questions at 858.244.1179

Last Name First Name

Mailing Address

City State Zip Code

Phone E-mail

Institution/Organization representing

Employer (if applicable)

Are you willing and interested in teaching at a Community College, Regional Occupational Program or High School?

Yes No

Explanation:

Do you have previous teaching experience?

Yes No

If Yes, how many years? _____



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PLEASE LIST ALL THE ORGANIZATIONS/INSTITUTIONS WHERE YOU CURRENTLY TEACH, THE TOPICS YOU TAUGHT OR ARE CURRENTLY TEACHING, AND THE TIMEFRAME IN THIS POSITION (EX.2007-2009)

Institution/Organization representing	Course/Topic	Timeframe
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Describe any previous experience in plumbing; heating, ventilating, and air conditioning (HVAC); construction; solar electric; solar thermal; and/or a related renewable energy field. Please indicate how many years experience

What professional licenses or certifications do you hold?

Does your school/organization currently offer solar-specific training?

Yes No

If so, please describe (including equipment and facilities):

What do you hope to receive from this training? Do you plan on integrating it into your school's current programs?

Are you able to climb a ladder and lift 40 lbs?

Yes No

If not, please list any special accommodations required:

Are you available all 4 days of the training (November 10, 11, 12 and 13, 2011, from 9 a.m. to 5 p.m. each day)?

Yes No



APPLICANT ADMINISTRATIVE DATA FORM

This information is being requested for enrollment purposes only and allows the JATC to obtain state and federal ARRA funds to reimburse a portion of the training costs.

Last Name First Name

Social Security Number State Certification Number (if applicable)

Date of Birth Zip Code (Home)

Age Group: (please check one)

- Less than 25 25 - 34 35 - 44 45 - 54 55 - 64 65 and over

Ethnicity: (please check one)

- Asian Indian Cambodian Chinese Filipino Guatemalan Hawaiian Japanese Korean
 Laotian Samoan Vietnamese Other Asian/Pacific Islander Other Asian Black/African American
 Hispanic or Latino American Indian/Alaskan Native White/Non Hispanic

Education: (please check one)

- Eighth Grade or Less Some High School GED High School Graduate
 Some College College Graduate Post College Graduate

Sex: (please check one)

- Male Female

Military Status: (please check all that apply)

- Registered Not Registered Not Required Exempt from Registration Spouse of Veteran

Veteran Status: (please check all that apply)

- Not a Veteran Recent Veteran Less than 180 days military service More than 180 days Not a Recent Veteran
 Vietnam Era Campaign Vet Other Campaign Veteran Separation Date: _____

Targeted DOL Populations: (please check all that apply)

- Limited English Proficient Disability Criminal Record

Employment Status: (please check all that apply)

- Unemployed (provide UI documentation) Employed: _____
 Under-employed (provide Workshare or Transmittal documentation) Name of Employer

To be completed by JATC Office:

CEAN: _____
 Job Number: _____
 Initials: _____

I attest that the information contained herein is correct to the best of my knowledge.

Applicant Signature Date