

Competence and Confidence: Partners in Policymaking C2P2 Emergency Preparedness 2014

APPLICATION

For Emergency Planners

C2P2 – Emergency Preparedness

Brings together people with disabilities and their families with emergency planners

Sessions are free

(limited number of applicants accepted)

SESSION DATE:

September 17 (1:00 PM – 8:30 PM)

GOAL:

To enhance the direct involvement of Pennsylvanians with disabilities in emergency management at all levels to effectively plan for the whole community.

LOCATION:

Crowne Plaza Philadelphia West 4010 City Avenue, Philadelphia, PA 19131

APPLICATION DEADLINE: AUGUST 1, 2014

MAIL COMPLETED APPLICATION TO:

Jamie Arasz Prioli Institute on Disabilities at Temple University 1755 N 13th Street, Student Center - Room 411S Philadelphia, PA 19122 OR FAX to 215-204-6336 Contact:
Jamie A. Prioli

Telephone: 215-204-5974 (voice)

215-204-1805 (TTY)

Email: Jamie.Prioli@temple.edu

Available in alternate formats upon request

PLEASE COMPLETE C2P2 EMERGENCY PREPAREDNESS 2014 APPLICATION FORM BELOW

Name:				
Title:				
Employer Address:				
City:	State: PA	Zip: _		
County:				
Phone (work/cell):				
Email:				
I am currently employed as an emergency management professional.		_	_YesNo	
My organization currently has an advisory committee and/or committee (e.g. disaster exercises, drill planning, emergency preparedness-related community event committee		-	YesNo	

in C2P2/Emergency Preparedness training?	
2. Will you make a time commitment to travel and participate in the entire training session (1:00 PM - 8:30 PM) on Wednesday, September 17?	YesNo
3. Will you require reasonable accommodations to participate in this program?	YesNo ASL Language interpreter CART Braille
If "yes", please indicate which accommodation(s) you are requesting:	Electronic print Large print Other (describe)
4. If you currently belong to any emergency m volunteer organizations, list them below.	anagement-related professional or
5. Tell us a little about yourself and your work	(75 words or less).
6. List two references and contact information	:
Name:	Name:
Phone:	Phone:
Email:	Email:
7. Tell us how you learned about the C2P2 Em	ergency Preparedness program.



