Ohio Department of Youth Services
Training Course Registration Form

Name: _____
Last First Middle

Title: _____ **Work Site:** _____

Work#: _____ **Fax #:** _____

Email: _____

Home Address: _____

Phone #: _____

Training Officer/Coordinator: _____

Course Information:

Course Title: _____ **Course Dates:** _____ to _____

Application Deadline Date: _____

Supervisor's Signature: _____

☐ **Approved** ☐ **Disapproved**

Site Manager Signature: _____

☐ **Approved** ☐ **Disapproved**

Emergency Contact Information:

Name: _____ **Phone Number:** _____

Special Medical Needs (if any) _____

For statistical purposes only, please provide the following:
Race: _____ **Gender:** _____ **Bargaining Unit:** _____ **Exempt:** _____

Please return your Registration along with the completed Training Application Form to your Training Officer/Coordinator. **PLEASE NOTE:** If you are selected to attend and enrolled, you will be notified by your Training Officer/Coordinator.