**2018 GREAT PLAINS FIRE TOUR**

**MARCH 25, 2018 THROUGH APRIL 7, 2018**

***~DEADLINE FOR SUBMISSION: FRIDAY FEBRUARY 16, 2018~***

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| **I. PARTICIPANT INFORMATION** | | | |
| *Full name:* | | | |
| *Agency/Organization and position:* | | | |
| *Work address (street, city, state, zip/postal code, country):* | | | |
| *Work phone:* | *Cell phone:* | *Email:* | |
| **II. QUALIFICATIONS:** | | | |
| *Qualified positions:* | | | |
| *Trainee positions:* | | | |
| *Can you contribute equipment? If so, please explain.* | | | |
| **III. IN CASE OF EMERGENCY:** | | | |
| *Name:* | | | *Phone number(s):* |
| *Relationship (family, supervisor, friend, other):* | | | |
| **IV. MEDICAL INFORMATION AND DIET** | | | |
| *Do you have any allergies, medical problems or other conditions that could affect your ability to conduct prescribed fire or take part in other field exercises? If so, please describe below.*  *Are you vegetarian? Do you have any food allergies or other dietary restrictions?* | | | |
| **V: COURSE EXPECTATIONS** | | | |
| *Briefly describe your expectations for the training. What do you expect to learn, to bring to the course, and to experience? How will this benefit your workplace, organization, and career?* | | | |
| **VI: AVAILABLE EQUIPMENT** | | | |
| *Will you have the ability to bring any engine resources or other equipment? If so, please described the equipment you can provide:* | | | |
| **VI: SUPERVISOR INFORMATION** | | | |
| Name: | | Phone: | |
|  | | | |

Return completed form to Ben Wheeler (Ben.Wheeler@nebraska.gov) by Friday **February 16, 2018**.