



Training Rotation Agreement

1101 Carter Street Chattanooga, TN 37402

PERSONAL INFORMATION

Male Female

Name: _____

E-mail Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone: (day) _____ (evening) _____

ORGANIZATION INFORMATION

Name of School: _____

Class/Department: _____

Supervisor/Professor Name and Position: _____

Supervisor/Professor Phone: _____ E-mail _____

Major(s): _____

Training Interests: _____



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TRAINING PARTICIPATION INFORMATION

Select the option that best describes your previous experience working with children:

no experience studies only limited hands-on some hands-on good hands-on experience

Circle the days you plan on being at Siskin Children's Institute. M T W TH F

What times do you plan on being at Siskin Children's Institute? _____

How many hours do you plan / are required to attend? _____

Please indicate if you have special accommodation needs. _____

ORIENTATION DATE SELECTION

Orientation sessions are on the first Wednesday of each month at 9:30 a.m. and the third Thursday of each month at 1:30 p.m. These meetings will take place in the Siskin Children's Institute Training Room and will last approximately 1 hour. Using the checkboxes below, please indicate the day/time and month of the session that you will be attending.

Session Day/Time

First Wednesday at 9:30 a.m.
 Third Thursday at 1:30 p.m.

Session Month

<input type="checkbox"/> January	<input type="checkbox"/> May	<input type="checkbox"/> November
<input type="checkbox"/> February	<input type="checkbox"/> August	<input type="checkbox"/> December
<input type="checkbox"/> March	<input type="checkbox"/> September	
<input type="checkbox"/> April	<input type="checkbox"/> October	

PROGRAM AGREEMENT

- I certify that the above information is true and accurate to the best of my knowledge. I am aware that this information may be verified prior to my participation in Siskin Children's Institute's training programs.
- I understand that I must keep all information that I may learn about the participants in the program confidential and commit to the protection of their rights and privacy.
- I grant permission to be photographed, videotaped and/or identified by the Siskin Children's Institute in media venues, printed materials, publications, and other publicity opportunities.
- I agree to complete all the educational tools assigned to my requested hours required by Siskin Outreach and Resource Center.

Direct Classroom Participants Only:

- I have completed the TB Screening form and agree to follow the applicable procedures.
- I give permission for my name to be utilized for verification on the State of Tennessee child abuse registry check.

Signature: _____ Date: _____