

PARTICIPANT BACKGROUND INFORMATION SHEET

(Please **Print** All Information)

Course: _____

Start Date: _____

Month/Day/Year

End Date: _____

Month/Day/Year

Personal Data

Name: _____
Family Name *First Name* *Middle Name(s)*

Date of Birth: _____
Month/Day/Year

Sex: Male Female
(Circle one)

Shirt Size: _____
(Small, Medium, Large, XL, XXL)

Highest Educational Level: _____ Highest Educational Degree: _____
(High School, College, Graduate Level) *(High School, Associate, Bachelor, Master, PhD)*

Home Mailing Address: _____

Home E-mail Address: _____

Agency: _____ Post of Duty: _____
(Name of the law enforcement agency for which you work) *(City or town where your office is located)*

Current Rank or Position: _____

Years in Current Position: _____ Total Years in Law Enforcement: _____

Agency Home Office and Point of Contact

Supervisor's Name: _____ Telephone: _____
(Country Code - City Code - Local Number)

Agency Mailing Address: _____

Agency E-mail Address: _____ Fax: _____
(Country Code - City Code - Local Number)

(Please Continue on the Reverse Side)

Emergency Contact

Name: _____ Relationship: _____

Home Telephone: _____ Work Telephone: _____
(Country Code – City Code – Local Number) (Country Code – City Code – Local Number)

Address: _____

Health Issues

Blood Type: _____ Allergies: _____

Do you have any special seating requirements because of hearing impairment, sight impairment, etc.?

(If “yes” please explain)

Do you have any pre-existing medical conditions that could impact your training?

(If “yes” please explain)

Do you have any special dietary requirements?

(If “yes” please explain)

