Oregon Department of Transportation-TSD &

Western Oregon University Driver and Traffic Safety Education Program

Driver Education Trainer of Trainers Application Form

| Name: | | |
|-------------------------------|--|-----------------------------|
| Home Address: | | |
| E-mail: | | |
| Home Phone: | Work Phone: | Cell Phone: |
| Presently Teaching Driver E | Education at: | |
| | HS Diploma or GED | |
| _ | BS/BA Degree | _ |
| Explain why you are interes | ted in this position: | |
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| List any specialized training | you have had that is relevant to | o traffic safety education: |
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| | or involvement with traffic safet embership or service, length of s | |
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| explain) | ary one issue of greatest c | oncern to TSE instructo | rs, what would it be? (Please |
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| What, in your opir | nion, differentiates a good | TSE instructor from a g | great TSE instructor? |
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| Do you have any eyouth? | experience teaching/traini | ng adults? If so, how is | it different from teaching |
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| _ | | | r your application. These nent to the driver and traffic |
| Name | Position | Phone Number | Email Address |
| Name | Position | Phone Number | Email Address |

By signing and submitting this application, I agree to the following:

- 1. To recognize the investment that the Oregon Department of Transportation will be making in my professional development by paying the bulk of the costs associated with participation in this Trainer of Trainers program, I will, in good faith, endeavor to give something back to the state of Oregon by agreeing to contract with Western Oregon University (WOU) to deliver no less than three TSE instructor-training courses within two years of the completion of this training. I understand that my completion of this training does not guarantee my hire as a WOU instructor.
- 2. I will make myself available, as needed, to serve on an advisory committee to write and/or review the curriculum to be required of TSE instructors in the future.

| 3. | I will | attend | at least | three | out of | four | quarterly | TOT | meetings | each | year. |
|----|--------|--------|----------|-------|--------|------|-----------|-----|----------|------|-------|
| | | | | | | | | | | | |

| Signature | Date |
|-----------|----------|

Please return this application, along with a current resume, to:

Angela Hendrickson Division of Extended Programs Western Oregon University 345 N Monmouth Ave Monmouth, OR 97361

FAX: 503-838-8473