



Tri-County Crisis Response Team NOVA CRT Training Scholarship Agreement 2017

I, _____, agree to attend all three days of NOVA Crisis Response Team training April 25-27, 2017, and upon completion become an active participating member of the Tri-County Crisis Response Team.

I understand that crises may occur at any time, and that the services of the Tri-County Crisis Response Team may be requested during business hours, evenings or weekends. I agree to be part of the responding team when called, to the best of my ability.

Further, I have discussed these commitments with my employer, _____, and my employer agrees to release me from work as necessary.

In consideration of these agreements, the \$300 cost of the NOVA CRT training will be waived in full.

SIGNATURE

DATE

For Employer

PRINT NAME

SIGNATURE

DATE

Please return signed and dated form by mail, fax or by email to ReedB@tcbmds.org by April 17, 2017