



**TRAINING SCHOLARSHIP  
APPLICATION**  
**\*Confidential\***

*This application should be completed by all applicants for AZCSN financial assistance for AZCSN events and training courses. While we strive to approve as many applications as possible, funds are limited, and approval is not guaranteed.*

Date: \_\_\_\_\_

**Organizational Information**

Organization / Church Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Individual Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Which event, course or membership are you seeking assistance to attend?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why would you like to join AZCSN or complete the desired course?

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Are you able to make a financial contribution toward the training?

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Code of Conduct**

All AZCSN Mass Incident Response Team (MIRT) members must agree to the Code of Conduct prior to being considered for membership.

Practice precepts of service, integrity, accountability and honesty in all my duties.

Promote the advancement of professional safety operations in faith-based environments.

Support the education of members and the general public in a diligent, loyal, honest manner, and not knowingly be a part of any illegal or improper activities.

Serve in accordance with all local, state and federal laws.

Cooperate with others in the interchange of knowledge and ideas for mutual protection.

Use the resources and products of the AZCSN for the service of the safety of our faith-based community.

Protect any and all information entrusted to me from public release in any way without prior approval of the leadership.

Maintain confidentiality, and prevent the use for competitive advantage at the expense of other members, of information obtained in the course of my involvement with AZCSN, which includes but is not limited to:

Information concerning the business of a fellow member or company.

Information identified as proprietary, confidential or sensitive.

Protect and respect the privacy rights, civil rights, and physical and intellectual property rights of others.

I agree to abide by the AZCSN Code of Conduct.

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Signature

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Date