

# CARE Training Train the Trainer Application

Becoming a Snohomish County Restorative Trauma Informed Organization



**care**  
BUILDING COMMUNITY  
THROUGH COMPASSION

Date \_\_\_\_\_

Organization Name and Website \_\_\_\_\_

Population Served and Location \_\_\_\_\_

Staff Applying to Be Trainers \_\_\_\_\_

Contact Number and Email \_\_\_\_\_

Executive Director Name and Email \_\_\_\_\_

Are trainers able to attend the full training? yes no

Can you commit to training your organization the CORE 6 hour training within one year or less?  
yes no

Is your organization committed to implementing and sustaining trauma informed practices?  
yes no

Can you commit to attending a minimum of 6 out of 12 learning collaborative sessions?  
yes no

Can you commit to having a Trauma Informed Leadership Team? \_\_\_\_\_

Which department/s will be trained? \_\_\_\_\_

Anything else you want us to know? \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_