

Youth Mental Health First Aid Application

Date: _____

Organization/Company Information: _____

Address: _____ City, State, Zip Code _____

Contact Person's Name: _____

Job Title or Position: _____

Phone Number of contact person: _____ Email of contact person: _____

Is your organization:

Profit

Non-profit

Are you part of an internal unit of MSU?

If you are an internal MSU unit:

Yes

MSU Account # _____

No

MSU Subaccount # _____

Will your funding be from:

Federal funds

State funds

Local funds

Individuals will pay their own fee

Other

Which form of training are you most interested in receiving? (Virtual might be only option)

- In person at our organization
- In person at a community location
- Virtual

*MSU Extension will provide a secure zoom link for virtual training.

I understand that this training is for Adults who work with adolescent (ages 12-18).

- Yes
- No

Number of people interested in training? (Minimum 10 - Maximum 20 per training) _____

Is your organization interested in multiple trainings?

- Yes
- Maybe
- No

1st Date and Time Request: (Training is 6.5 hours with 2 hours of pre-work)

2nd Date and Time Request:

3rd Date and Time Request:

Will any participants require any translation services, special accommodations or cultural considerations?

- Yes _____
- Maybe
- No

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