

# 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 Names Applying to Be Trainers \_\_\_\_\_

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

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

Are trainers able to attend the full training? yes no

Have you signed up for the CARE orientation? This is required before you can attend the 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? \_\_\_\_\_

**Commitment from the Executive Director:**

Please describe how will you create the space for this work to be done at your organization. How will you help lead this work? This includes involving your board of directors, allowing time for your staff to meet monthly for their Trauma Informed Leadership team meetings (TILTS), trainings etc. . What supports do you see needing?

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**Executive Director Signature:** \_\_\_\_\_

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