

LIVE FREE SURVIVAL AND SELF-RELIANCE INSTRUCTORS CERTIFICATION APPLICATION

Please print all information clearly

Name _____ Age ____ Gender _ ____

Address _____

City _____ State _____ Zip _____ Nation _____

E-mail Address _____ Phone _____

Live Free member: Yes [] No []

Live Free affiliated group member: Yes [] No []

Taught classes at Live Free events: Yes [] No []

Attended Live Free instructor training classes: Yes [] No []

Instructing Experience

Live Free seminars [] Not for profit seminars [] For profit seminars [] Military instructor [] Boy Scouts etc. [] Survival Schools []

Others: _____

Learned Survival Self-Reliance Subjects From

Self taught [] Books and manuals [] Experience [] Military []

Training schools []

Other: _____

Methods of Teaching You Have Used

Lectures and demonstrations [] Field activities [] Prepared videos and overheads, etc. [] Published papers and articles [] Used Live Free provided programs and outlines []

Other: _____

Subjects You Are Qualified to Teach

Wilderness survival [] Urban survival [] Desert survival [] Water survival [] Mountain survival [] Home survival preparedness [] Home safety Emergency first aid []

Alternative medicine [] Escape and evasion [] Crime prevention [] Unarmed combat []

Armed combat [] Nuclear, chemical, biological survival [] Security and privacy []

Economic survival [] Search and rescue [] Combat/field survival [] Self-Reliance

Technology [] Pioneer living skills [] Winter survival [] Group survival planning []

Hazard analysis [] Freedom preservation []

Other: _____

