



COUNTY OF SUMMIT, OHIO

Russell M. Pry, Executive

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Course Announcement

“Skywarn Tornado Spotter Training”

The Summit County Emergency Management Agency is offering a “**Skywarn Tornado Spotter Training**” course, on **Monday, March 19, 2012 at 6:00 p.m.** Registration will begin at 5:30 p.m. The course will be conducted at the American Red Cross, 501 W. Market Street, Akron, Ohio 44303.

This course is a training activity focusing on identifying and reporting severe local storms. It will increase the safety awareness of hazards that exist from severe thunderstorms, tornadoes, and floods. The training of storm spotters coupled with radar, satellite, and other data has enabled the National Weather Service to issue more timely and accurate warnings in order to save lives. Upon completion of the course, you will be given the opportunity to become an official Skywarn Spotter.

The primary target audience includes: school administrators and custodians, health care providers, public safety, amateur radio and emergency management personnel.

Gary Garnet, Warning and Coordination Meteorologist, National Weather Service, in Cleveland, will give the course instruction. Along with years of experience, Mr. Garnet will be utilizing a combination of videotape and PowerPoint presentations along with a review of past local storms.

If you have questions, contact the Summit County Emergency Management Agency, 175 S. Main Street, Suite #101, Akron, OH 44308, 330-643-2558.

Please fill out the attached training application and email or fax to Tommy Smoot at tsmoot@summitoh.net or 330-643-2889 before March 14, 2012.

**DIVISION OF PUBLIC SAFETY
EMERGENCY MANAGEMENT AGENCY**

TRAINING APPLICATION

PLEASE TYPE OR PRINT ALL INFORMATION

Name:	Current Job Position:
Name & Address of Organization Represented:	
Primary Representative:	Email:
Home Address:	Work Phone: ()
	Fax Phone: ()
	Home Phone: ()
Course Name: Skywarn Tornado Spotter Training	Course Date(s) Requested: March 19, 2012 Time: 6:00 p.m.; registration at 5:30 p.m.
Do you have any disabilities (including allergies or medical conditions) which require special consideration? Yes_____ No_____ If yes, please describe:	
I certify that the information recorded on this application is correct.	
_____	_____
(Signature)	(Supervisor's Signature)
Date: _____	Date: _____
FOR DIVISION OF PUBLIC SAFETY USE ONLY	
Received Date: _____ Time: _____	
Approved: _____ Waiting List: _____ Prerequisite Not Met: _____ No Show _____	