

DETENTION OFFICER ACADEMY

SPRING 2010



- **Where:** Correctional Officer Training Academy (COTA), 5601 West Trails End Road, Tucson, AZ
- **When:** May 18 – May 21, 2010
- **Times:** May 18: 12:00pm-5:00pm; May 19-21: 8:00am-5:00pm
- **Deadline for registration:** 5:00 p.m. on Friday, April 30, 2010
- **Hotel Information:** On-site lodging to hotel standards.
- **Read more about COTA:**
http://www.azcorrections.gov/adc/employment/Jeff_Employment_COTA.aspx

Instructions:

- ❖ If you wish to attend you **MUST** fill out a registration form (see page 2).
- ❖ The completed form must be submitted prior to the deadline.
- ❖ You do not have to make hotel reservations. Indicate on your registration form if you require a room and a reservation will be made in your name.
- ❖ All rooms are booked double occupancy based on gender.
- ❖ One week after the deadline date you will receive a confirmation via email containing driving instructions and hotel information. You will also receive a participant agreement, which must be signed by your supervisor and turned in the first day of the program.
- ❖ If you require special accommodations please contact Education Services.

Contact information

<p>Chad Kewish Education Services Division ckewish@courts.az.gov (602) 452-3025</p>	<p>Diane Bouconi Education Services Division dbouconi@courts.az.gov (602) 452-3017</p>
--	--

Juvenile Detention Academy TRAINING REGISTRATION FORM

Please type or print all information legibly.
Please complete all applicable fields-failure to complete all fields may result in a processing delay.

Preferred attendance date:

May 18-21, 2010

Preferred Training Location:

COTA		
Hotel Sleeping Room?	YES	NO

OFFICER INFORMATION

Last four digits of SS# 000-00-

Last Name	First Name	Middle Name
-----------	------------	-------------

Detention Center	Address	City/Zip
------------------	---------	----------

County	Gender Male/Female	Email Address @ Office
--------	--------------------	------------------------

Hire date (per job description above)	Contact Ph #	Date of Birth
---------------------------------------	--------------	---------------

Home Address:	City/ST	ZIP
---------------	---------	-----

Supervisor's Name-Printed	Supervisor's Phone #	Office Main Ph#
---------------------------	----------------------	-----------------

Attendee's Signature

Supervisor's Signature

PLEASE COPY THIS FORM FOR ATTENDEE'S AND SUPERVISOR'S INFORMATION

If you need special accommodations, due to a disability, including auxiliary aids or materials in alternative formats, please contact Diane Bouconi @ (602) 452-3017.

Fax # 602-452-3004

To use this form electronically, please save attachment to hard drive. Please rename each form as you complete them for your new hire employees that you are signing up for training (Joe Smith.xls). Tab through the form completing each tab stop then save the form. Email the completed form to dbouconi@courts.az.gov