Department of Commerce National Oceanic & Atmospheric Administration National Weather Service



Application Form

Individual School – Supporter

General Information										
School Name							County			
No. of Faculty/Staff			No. of Classrooms				No. of Stud	ents		
Primary Point of Contact					Seconda	ondary Point of Contact				
Name					Name					
Title					Title					
Mailing Address				Mailing Address	3					
City				City						
State, ZIP	State, ZIP			State, ZIP						
Phone				Phone						
e-mail				e-mail						
Recognition Guidelines										
Guideline 1: Skywarn™ Spotter Training (must include Lightning Safety training; S.P.O.T. Course)			At minimum, the principal, assistant principal, as			ation teacher(pleted NWS	s),		Completed s: □ No: □	
Date completed (mm/dd/yyyy):			Number Trained:			NWS Presenter (if applicable):				
Verification Team General Notes:										
<u></u>					Date:		Initials:			
Guideline 2: Severe Weather Threat Assessment Training (S.W.A.T. Course) At minimum, the principal, assistant princ weather coordinator(s), physical educatio athletic director(s), and coaches complete Severe Weather Threat Assessment training				ation teacher(pleted the onli	(s), ne		Completed s: □ No: □			
Date completed (mm/dd/yyyy):			Number Trained:							
Verification Team General Notes:										
								Date:		Initials:
Note: Please do not write in shaded areas.										

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Guideline 3: Severe Weather Emergency Plan (S.W.E.P.)	Develop, customize, maintain and review the SWEP with faculty annually. Designate severe weather coordinator(s).			Completed Yes: □ No: □			
Verification Team General Notes:							
		Date:		Initials:			
Guideline 4: NOAA Weather Radio	A SAME NWR must be located in the school's front and in the athletic office.	office		completed s: No:			
Verification Team General Notes:							
		Date:		Initials:			
Guideline 5: Back-up Weather Source Establish at least one backup method to receive real t weather information at the front office.				l time Completed Yes: □ No: □			
Please Describe:							
Verification Team General Notes:							
		Date:		Initials:			
	Identify and prominently mark all potential tornado	cholter					
Guideline 6: Tornado Shelter Areas	sneiter as rmally	Completed Yes: □ No: □					
Include a basic floor plan of the shelter areas and routes in the S.W.E.P.							
Verification Team General Notes:							
	Date:		Initials:				

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Guideline 7: Tornado Drills	Participate in at least 2 annual tornado dills; one must be the Florida Hazardous Awareness Week statewide tornado drill (each February).					Completed Yes: □ No: □	
Dates tornado drills completed (mm/	/dd/yyyy):	Drill 1:		Drill2:	-		
Verification Team General Notes:		,					
					Date:		Initials:
Guideline 8: Daily Forecast Disseminate the daily NWS weather forecast with sattention called to the forecast on possible severe					pecial Completed Yes: \(\simega \) No: \(\simega		
Verification Team General Notes:	weather	days.					
verification ream General Notes:							
					Data		luitiala.
					<u>Date:</u>		Initials:
Guideline 9: Hazardous Participate in Hazardous Weather Awareness Week eac February.						Completed Yes: □ No: □	
Verification Team General Notes:							
					Date:		Initials:
	c	signature of Applyin	o Official				
Application Submitted by (print nor		ngnature of Applyin	g Official				
Application Submitted by: (print nam	<u>ie).</u>						
School:			Title:				
Signature:	Date:						
NWS Personnel Receiving Application (print name):							
Date Received:							
Note: Please do not write in shaded areas.							