## Training Solutions International Volunteer Moulage Application

PLEASE NOTE: Moulage Artists may be subject to interview and additional vetting / on-boarding processes.

|  | · ·          | •     |                        |  |                   |  |  |
|--|--------------|-------|------------------------|--|-------------------|--|--|
| BACKGROUND INFORMATION   |              |       |                        |  |                   |  |  |
| LEGAL GENDER   |              |       | ETHNICITY              |  |                   |  |  |
| ☐ Male ☐   | ☐ Female ☐ □ | Other |                        |  |                   |  |  |
| DATE OF BIRTH (MONTH/DAY/YEAR)                                   |              |       | SOCIAL SECURITY NUMBER |  |                   |  |  |
| /  | /            |       |                        | -                                      | -                 |  |  |
| DRIVERS LICENSE NUMBER   |              |       | STATE                  |  |                   |  |  |
|  |              |       |                        |  |                   |  |  |
| PHONE NUMBER WE CAN REACH YOU                                    |              |       | EMAIL WE CAN REACH YOU |  |                   |  |  |
|  |              |       |                        |  |                   |  |  |
| AGENCY AFFILIATION (SELECT ALL THAT APPLY)                       |              |       |                        |  |                   |  |  |
| ☐ Central Aid Agency: ☐ Training                                 |              |       |                        | g Solutions International:   No Agency |                   |  |  |
| Operating Number:  |              |       |                        |  |                   |  |  |
| ☐ Law Enforcement/Security: ☐ Military:                          |              |       |                        | □ Fire/EM                              | _                 |  |  |
| Agency: Branch:  |              |       |                        |  |                   |  |  |
| AGENCY YEARS OF SERVICE  |              |       |                        |  |                   |  |  |
| LIST ALL STATES WHERE YOU HAVE LIVED, WORKED, OR ATTENDED SCHOOL |              |       |                        |  |                   |  |  |
| SINCE AGE 18   | г            |       |                        | (Attach page if r                      | nore room needed) |  |  |
|  |              |       |                        |  |                   |  |  |
| LIST ALL OTHER NAMES THAT YOU HAVE USED, INCLUDING NICKNAMES,    |              |       |                        |  |                   |  |  |
| ALIASES, AND MAIDEN NAME(S)                                      |              |       |                        | (Attach page if more room needed)      |                   |  |  |
| Last, First,<br>Middle   |              |       |                        |  |                   |  |  |
| Last, First,<br>Middle   |              |       |                        |  |                   |  |  |
| Last, First,<br>Middle   |              |       |                        |  |                   |  |  |
|  |              |       | DEENAL                 | - N I <del>- T</del>                   |                   |  |  |

## LEGAL AGREEMENT

I hereby release Training Solutions International (TSI), its affiliates, partner agencies, and organizations from any and all liability resulting from my actions or participation as a moulage artist. I recognize that being a moulage artist could come with the potential for serious risk, personal injury, or death. I authorize TSI and any partner agencies or organizations to perform background checks on me; make emergency medical decisions on by behalf; use my image, ideas, or otherwise; and to terminate my participation at any time for any reason they see fit. I recognize that this is a volunteer position and I will not be compensated for my participation unless specifically stated and agreed upon otherwise.

I acknowledge that scenarios may be sensitive in nature and may contain exposure to classified information. I will not take or share photos, video, or details about scenarios or my participation in them on social media or to the general public except with written consent. I will not discuss details or specifics of scenarios that are sensitive in nature. I recognize that failure to adhere to these guidelines is grounds for my termination as a moulage artist and/or criminal prosecution.

| ARE YOU INTERESTED IN ALSO BEING A ROLEPLAYER? ☐ YES ☐ NO  |   |                  |  |  |  |
|--|---|------------------|--|--|--|
| SIMUNITIONS  | EXPLOSIVE DEVI  | CES AND          |  |  |  |
| (Paint or soap training rounds)  | LESS-LETHAL TRAINII                                   | NG ANALOGS       |  |  |  |
|  | (Flashbangs, smoke devices,                           | and foam rounds) |  |  |  |
| ☐ I am comfortable handling and being  | ☐ I am comfortable handling a                         |                  |  |  |  |
| shot by simunitions.   | around explosive devices and less-                    |                  |  |  |  |
|  | lethal training analogs.                              |                  |  |  |  |
| ☐ I am comfortable working around  |   |                  |  |  |  |
| simunitions, as long as I am not being   | ☐ I am comfortable working around                     |                  |  |  |  |
| specifically targeted.   | explosive devices and less-l                          |                  |  |  |  |
| □ Low not comfortable working around   | training analogs, as long I an specifically targeted. | m not being      |  |  |  |
| ☐ I am not comfortable working around simunitons.  | specifically largeled.                                |                  |  |  |  |
| Simulitoris.   | ☐ I am not comfortable working                        | g around         |  |  |  |
|  | explosive devices and less-l                          |                  |  |  |  |
|  | training analogs.                                     |                  |  |  |  |
|  |   |                  |  |  |  |
| ACTING   | PHYSICAL CON  | NTACT            |  |  |  |
|  | (Being arrested, training                             |                  |  |  |  |
|  | and control ho  |                  |  |  |  |
| ☐ I am comfortable acting a role based off   | ☐ I am comfortable with physic                        | al contact.      |  |  |  |
| of a script or improvisation.  |   | -11              |  |  |  |
| □ I am not comfortable acting a role   | ☐ I am not comfortable with ph                        | ysicai           |  |  |  |
| ☐ I am not comfortable acting a role.  | contact.  |                  |  |  |  |
| MOLL   | LAGE  |                  |  |  |  |
|  | ic looking fake training injuries)                    |                  |  |  |  |
| ☐ I am comfortable being moulaged.   | <u> </u>  |                  |  |  |  |
|  |   |                  |  |  |  |
| ☐ I am not comfortable being moulaged.   |   |                  |  |  |  |
|  |   |                  |  |  |  |
| NOTES  |   |                  |  |  |  |
| Proper safety equipment including eye and/or ear protection will be provided for scenarios involving training weapons. Body armor may also be provided for certain kinds of scenarios. |   |                  |  |  |  |
| Training scenarios are 'sterile environments', meaning all real-world weapons, including knives and  |   |                  |  |  |  |
| ammunition will not be permitted. Role-players me be subject to pat-down or search prior to their entry  |   |                  |  |  |  |
| into scenario site as part of standard safety procedures.  |   |                  |  |  |  |
|  |   |                  |  |  |  |
| Details and information contained on this form are confidential, and will be kept in a secure file.  |   |                  |  |  |  |
|  |   |                  |  |  |  |
| SIGNATURE  |   |                  |  |  |  |
| PRINT NAME (FIRST, MIDDLE, AND LAST)   |   |                  |  |  |  |
|  |   |                  |  |  |  |
|  |   |                  |  |  |  |
| SIGNATURE  |   |                  |  |  |  |
|  |   |                  |  |  |  |
|  |   |                  |  |  |  |
| DATE SIGNED  |   |                  |  |  |  |
|  |   |                  |  |  |  |
|  |   |                  |  |  |  |
| AUTHORIZED BY - OFFICIAL TSI USE ONLY (SIGNATURE) (NUMBI   |   |                  |  |  |  |
|  |   |                  |  |  |  |
|  |   |                  |  |  |  |

A photocopy or digital reproduction of this authorization and release form will be valid as an original hereof, even though the said copy does not contain an original writing of my signature.