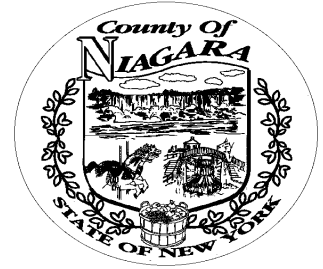


Niagara County Fire Coordinator's Office



TRAINING COURSE APPLICATION

(PLEASE READ & COMPLETE EACH ITEM CAREFULLY)

- 1) This course application must be COMPLETED for EACH student and signed by the student and fire chief
- 2) Include the course number and location and check the type of the course for which you are seeking admission.
- 3) Course availability is subject to a minimum/maximum number of enrollees
- 4) Applicants must notify the office 48-hours prior to the scheduled course start if they WILL NOT be attending the course requested
- 5) Please do not hesitate to contact the E.M.O. at 716-438-3177 with any questions regarding this training.

PERSONAL INFORMATION: (PLEASE PRINT ALL INFORMATION)									
Last Name:		First:		MI:					
Address:									
City:				State:		Zip:			
Home Phone:				Work Phone:			Other i.e. pager/cell		
SS # or student ID #				E-Mail Address:					
COURSE INFORMATION: (PLEASE PRINT ALL INFORMATION)									
Course#:				Course Title:					
Location:				<input type="checkbox"/>	Original	<input type="checkbox"/>	Refresher		
						Make-Up Class(es) Only			
FIRE DEPT. INFORMATION: (PLEASE PRINT ALL INFORMATION)									
Your Fire Dept. Name:				FDID#:					
<p>FIRE CHIEF: The firefighter listed above is an active member my fire department and is authorized to attend the course indicated. I understand this training course may contain certain evolutions that simulate and/or create actual firefighter or rescue conditions. The Office of Fire Prevention and Control is not responsible and/or libel for any malfunction or damage to any equipment used during this training program.</p>									
								YES	NO
The firefighter listed above has medical clearance to use Self Contained Breathing Apparatus(SCBA) in accordance with 29 C.F.R. part 1910.								<input type="checkbox"/>	<input type="checkbox"/>
The firefighter listed above is authorized to use SCBA and participate in interior/exterior firefighting evolutions.								<input type="checkbox"/>	<input type="checkbox"/>
If you cannot answer the questions above because you do not know the requirements of 29 C.F.R. Part 1910 or do not know whether the firefighter listed above is authorized to use SCBA, please contact the fire coordinator or OFPC.									
Chief's Signature: _____					Print Chief's name: _____				
<p>Please attend the course you have applied for on the the starting date indicated on the course schedule. You will be notified <u>ONLY</u> of any changes in scheduling or course availability.</p>									
<p><u>Please mail completed applications to:</u> Niagara County Emergency Services 5574 Niagara St. Ext. PO Box 496 - Lockport NY 14095-0496</p>					<p><u>Or deliver completed applications to:</u> Niagara County Emergency Services 5574 Niagara Street Extension</p>				
<u>Or Fax Completed Applications To: 716-438-3173</u>									

I, _____, have read, fully understand and agree with the above information.

I understand and acknowledge the importance of safety during the training course and further acknowledge that if an instructor believes that my behavior or abilities may cause a safety risk to myself or another, the instructor has the authority to remove me from the simulation or course.

SIGNATURE OF FIREFIGHTER

DATE

AND, if the firefighter is under the age of 18 years, the following consent must be provided:

I, _____ parent or legal guardian of _____

PRINT

PRINT NAME OF FIREFIGHTER

consent to his/her participation in the training listed above. I have read, fully understand and agree with the above information. I understand and acknowledge that safety is important during the training course and further authorize the instructor to remove _____ from the simulation or course if the instructor believes that his/her behavior or abilities may

PRINT NAME OF FIREFIGHTER

instructor believes that his/her behavior or abilities may cause a safety risk to himself/herself or another.

SIGNATURE OF AUTHORIZED LEGAL GUARDIAN

DATE

PRINTED NAME

RELATIONSHIP TO FIREFIGHTER

Revised 2-10