

Monroe County Fire Bureau Student Registration Form



Monroe County Fire Bureau
1190 Scottsville Road, Suite 203
Rochester, NY 14624
Phone: 585-753-3750
Fax: 585-753-3867
MCFB@monroecounty.gov

ALL fields on this form must be completed in order to be accepted.
Incomplete forms will **NOT** be accepted.

Course Name:

Course Start Date:

Student Information

Student Name:

Fire Department:

Student Address:

State/City/Zip

Training ID #

Last 4 digits SS#:

E-mail:

Cell Phone:

Pager:

Other information/ requests:

Firefighter 1 students:

Please indicate the preferred class below.

The **Standard Class** runs **Mon - Wed** or **Tues - Thurs**. Each class will have some **Saturday** sessions. If your student has a preference, please indicate that in the other information/ requests section.

The Summer **Boot Camp** is a very intense two week class offered each year.

Standard Class Summer Boot Camp

How to Submit the form:

Please return all forms to the Monroe County Fire Bureau by pressing the submit by e-mail button at the top of the form (if you have an e-mail client such as Outlook / Lotus Notes), by sending them to MCFB@monroecounty.gov.

To be completed and signed by Chief or Training Officer

I acknowledge that the above named student is an active member of the department and is eligible to participate in this training program.

Name:

Signature:

Typed Signature is acceptable

Rank:

Phone Number:

E-mail Address:

Today's Date



Training Authorization Letter

The student listed below is an active member of the agency indicated below, is at least 16 years of age, and is authorized to attend the course indicated below. I understand this training course may contain certain evolutions that simulate and/or create actual firefighting or rescue conditions. The Office of Fire Prevention and Control is not responsible and/or liable for any malfunction or damage to any equipment used during this training program.

PLEASE PRINT ALL INFORMATION

Course Information

Course Name
Course Number Location

Agency Authorization

Agency Name FDID # Date
Print Name of Authorized Rep. Authorized Signature

COMPLETE THE APPROPRIATE SECTION BELOW INITIAL

Checkboxes for student authorization and SCBA clearance.

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 below is authorized to use SCBA, please contact OFPC

Student Information

Last Name First Name MI
Address City State
New York Training ID Primary Phone Zip

I, [PRINT NAME OF STUDENT], 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 STUDENT DATE

16 or 17-year-old students must have the section below completed to participate in state fire training

The undersigned parent or legal guardian of [PRINT NAME OF STUDENT] 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 and further authorize the instructor to remove the student from the simulation or course if the instructor believes that his/her behavior or abilities may cause a safety risk to himself/herself or another.

PRINTED NAME OF LEGAL GUARDIAN

SIGNATURE OF LEGAL GUARDIAN DATE