Monroe County Fire Bureau Student Registration Form

E-mail Address:

Monroe County Fire Bureau 1190 Scottsville Road, Suite 203 Rochester, NY 14624 Phone: 585-753-3750

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

Fax: 585-753-3867 MCFB@monroecounty.gov

| Course Name: | | | | | | |
|--|--|--|--|--|--|--|
| Course Start Date: | | | | | | |
| Student Information | | | | | | |
| Student Name: (First, Last) | Firefighter 1 students: Please indicate the preferred class below. | | | | | |
| Fire Department: | | | | | | |
| Student Address: | The classes run Mon-Wed or Tues - Thurs. Each class will have some Saturday sessions. If your student has a preference, please | | | | | |
| State/City/Zip | indicate the appropriate configuration below. | | | | | |
| Training ID # | | | | | | |
| Last 4 digits SS#: | ○ Monday/Wednesday ○ Tuesday/Thursday | | | | | |
| E-mail: | | | | | | |
| Cell Phone: | How to Submit the form: | | | | | |
| Pager: | Please return all forms to the Monroe County | | | | | |
| | Fire Bureau by submitting them to: MCFB@monroecounty.gov | | | | | |
| Other information/ requests: | | | | | | |
| To be completed and signed by Chief or Training Officer | | | | | | |
| I acknowledge that the above named student is an active member o participate in this training program. | f the department and is eligible to | | | | | |
| Name: | | | | | | |
| Signature: | Typed Signature is acceptable | | | | | |
| Rank: | | | | | | |
| Phone Number: | | | | | | |
| E mail Address | Today's Date | | | | | |

Fire Prevention and Control

EOSB - 1654 (5/18)

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 Info | ormation | | | | |
| | | | | | | |
| Location | | | | | | |
| Agency Authorization | | | | | | |
| FDID # | | Date | | | | |
| Authorized Signature | | | | | | |
| PROPRIATE SECTION BELOW | | | | INITIAL | | |
| The student listed below is authorized to attend the training indicated | | | | | | |
| The student listed below has medical clearance to use Self-Contained Breathing Apparatus (SCBA), in accordance with 29 C.F.R. part 1910.134 for courses as required. | | | | | | |
| 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 | | | | | | |
| | First Name | | | MI | | |
| | City | | | State | | |
| | Primary Phone | | - | NY ID | | |
| 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 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 | | | | | | |
| 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 | | | | | | |
| | PROPRIATE SECTION BELOW ted below is authorized to attee ted below has medical clearant BA), in accordance with 29 C.F. above because you do not know the requirements stand and acknowledge the impelieves that my behavior or above me from the simulation or of the simulation or of the simulation of the stand and acknowledge that satisfied and acknowledge that satisfie | Agency Authorized to attend the train ted below is authorized to attend the train ted below has medical clearance to use SBA), in accordance with 29 C.F.R. part 1910 sabove because you do not know the requirements of 29 C.F.R Part 1911 Student Info First Name City Primary Phone INT NAME OF STUDENT stand and acknowledge the importance of pelieves that my behavior or abilities may cove me from the simulation or course. SIGNATURE OF STUDENT sudents must have the section below comment or legal guardian of articipation in the training listed above. I he stand and acknowledge that safety is important from the simulation or course if the insteal of the simulation of the simulation or course if the insteal of the simulation of the simula | Course Information Location Agency Authorization FDID # Authorized Signature PROPRIATE SECTION BELOW Ited below is authorized to attend the training indicated Ited below has medical clearance to use Self-Contained Br BA), in accordance with 29 C.F.R. part 1910.134 for courses Above because you do not know the requirements of 29 C.F.R Part 1910 or do not know whether the standand acknowledge the importance of safety during the selieves that my behavior or abilities may cause a safety rispove me from the simulation or course. SIGNATURE OF STUDENT Udents must have the section below completed to particitive rent or legal guardian of articipation in the training listed above. I have read, fully uristand and acknowledge that safety is important during the articipation in the training listed above. I have read, fully uristand and acknowledge that safety is important during the articipation in the simulation or course if the instructor believes the leff/herself or another. | Location Agency Authorization FDID # Authorized Signature PROPRIATE SECTION BELOW ted below is authorized to attend the training indicated ted below has medical clearance to use Self-Contained Breathing BA), in accordance with 29 C.F.R. part 1910.134 for courses as required. 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 success the second of the primary Phone City Primary Phone City Primary Phone Ant NAME OF STUDENT Istand and acknowledge the importance of safety during the training course policieves that my behavior or abilities may cause a safety risk to myself or any cover me from the simulation or course. SIGNATURE OF STUDENT Idents must have the section below completed to participate in state fire arent or legal guardian of PRINT NAME OF STUDENT Idents must have the section below completed to participate in state fire arent or legal guardian of PRINT NAME OF STUDENT Idents must have the section below completed to participate in state fire arent or legal guardian of PRINT NAME OF STUDENT Idents must have the section below completed to participate in state fire arent or legal guardian of PRINT NAME OF STUDENT Idents must have the section below completed to participate in state fire arent or legal guardian of PRINT NAME OF STUDENT Idents must have the section below completed to participate in state fire arent or legal guardian of PRINT NAME OF STUDENT Idents must have the section below completed to participate in state fire arent or legal guardian of PRINT NAME OF STUDENT Idents must have the section below completed to participate in state fire arent or legal guardian of the simulation or course if the instructor believes that his/her behave left/herself or another. | Course Information Location | |

SIGNATURE OF LEGAL GUARDIAN