

Fairfield Regional Fire School Student Application

Course Name: _____ Fee: \$ _____

Last Name: _____ Fire Department: _____

First Name: _____ Phone (Home): _____

Home Address: _____ Work: _____

City: _____ Cell: _____

State: _____ Zip _____ Email: _____

Are you 18 years of age or older? _____ Yes _____ No
(no one under the age of 18 is allowed to participate in hands-on programs)

Department Authorization to Attend Training

As Chief of the _____ Fire Department or as Supervisor of the _____ Organization, I _____ hereby authorize the above applicant to participate in the program below and, therefore, understand that the above-named individual will be covered by my organization's Worker's Compensation Insurance while participating in such training, and that the Town of Fairfield, Fairfield Fire Department, Fairfield Regional Fire School, its officers, directors, agents or instructors shall not be liable for any injuries sustained during such training. This applicant is understood to be physically and emotionally fit by my department's standards, to perform firefighting evolutions without special considerations, and where applicable, to meet the 29 CFR 1910.134 standard for the use of respirators (Self-Contained Breathing Apparatus) OSHA CFR 1910.156 for protective clothing. I also understand that if this participant does not pay for this course within 90 days, my Department will be responsible for payment.

Chief/Supervisor's Name (please print)

Chief Contact Number

____/____/____
Date

Chief/Supervisor's Signature

No application will be accepted without tuition and authorized signature.

Please make Checks payable to: Fairfield Regional Fire School
Mail Applications and Payments to: F.R.F.S., 205 One Rod Highway, Fairfield, CT 06824