MIDDLESEX COUNTY

1001 Fire Acedemy Drive • Sayreville, NJ 08872

APPLICATION FOR TRAINING

FIRE ACADEMY

Phone: (732) 727-0008
FAX: (732) 721-0158

For Office Use Only
Org. No.
Ck. No.
Date Pd.

SEPARATE APPLICATIONS ARE REQUIRED FOR EACH COURSE REQUESTED
All Information Must be TYPED or PRINTED in Block Letters

NAME OF COURSE REQUESTED:

COURSE DATE: | COURSE NUMBER

FIRE DEPT./ORGANIZATION NAME:

ADDRESS FOR CONFIRMATION:

TOTAL NUMBER OF PERSONS ATTENDING: | Please list, on reverse, the names of the individuals attending the course.

ENROLLMENT ELIGIBILITY:
Only those applicants meeting course prerequisites listed in the Academy Course Guide will be accepted.

DRESS REQUIREMENTS:

Outdoor Programs:
1. Cutoffs, shorts or open toe footwear are not permitted.
2. All protective clothing must meet O.S.H.A. requirements (OSHA 29 CFR 1910.156)
3. For all courses which require SCBA, it shall be the student's responsibility to provide their own equipment in good working order.
4. No student shall be permitted to attend any course which requires the use of SCBA if they have excessive facial hair. (As per OSHA 29 CFR 1910.134 and NFPA STD.1500 SEC.5-3.10)

Indoor Programs:
1. Casual but neat clothing is permitted.
2. No cutoffs, shorts, or open toe footwear will be permitted.

Students should be prepared to take notes and receive handouts for both indoor and outdoor programs.

CLASS HOURS:
Evening Classes: 7:30 PM to 10:30 PM
Daytime & Weekend Classes: 9:00 AM to 4:30 PM

NOTE:
Any class with less than minimum number of students may be cancelled.

The _____* shall hold harmless and indemnify the County of Middlesex, its officers, agents and employees from any and all injuries, damages and claims for damage to persons and/or property arising from the actions of its attendees at the Middlesex County Fire Academy, except as such injuries and damages are caused by the gross negligence of the County or its employees or agents.

* Insert name of fire company or organization.

The undersigned certifies that the students enrolled do not have any physical and/or other conditions which would prevent them from actively participating in all portions of this course.

The undersigned also certifies that all personnel enrolled in the above course are covered by Workman's Compensation and Liability Insurance, or are otherwise insured, as indicated by a copy of such insurance attached to the current Authorized Signature for on file.

The above conditions are understood. Application is authorized by:

..... PRINT Name Here

..... SIGNATURE

Date of this application

TITLE:

PHONE (DAY):

PHONE (FAX):

FULL PAYMENT FOR COURSE MUST BE SUBMITTED UPON RECEIPT OF CONFIRMATION

PLEASE PRINT ALL INFORMATION CLEARLY

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