

ADOPTED:

REVIEWED:

Name: _____

Date: _____

Email: _____

Contact Number: _____

Title of Training: _____

Sponsoring Agency: _____

Class Dates: _____

Registration Deadline: _____

Describe Nature of Training:

Relevance of Training to person, Station or District:

COST OF TRAINING:

Registration/Tuition:

Lodging:

Material/Books:

Meals:

Other:

Total:

Signature:

* By signing this form the volunteer/employee has made a request to attend training. If the request is granted, the volunteer/employee will be expected to attend. If a request is granted and you are not able to attend the training, it is your responsibility to notify the Training Officer as soon as possible. Your cancellation may affect future consideration to attend training.

To be completed by appropriate Coordinator (i.e. EMS, Rescue):

Approved Disapproved, explain below

Reason:

Signature:

Date:

To be completed by appropriate Training Officer:

Approved Disapproved, explain below

Reason:

Signature:

Date:

To be completed by Fire Chief:

Approved Disapproved, explain below

Reason:

Signature:

Date: