Firefighter I Volunteer Training Scholarship Application



Please complete the following form to apply for a volunteer training scholarship:

Voluntee	er Co	ntact							
Name:									
Address:									
City:				State:			Zip:		
Phone:				Gender:	Mal	e	Female	2	
Email:									
Race:	White			Hispanic, Latino, or Spanish origin					
	Alaska Native			Black, African American, or Negro					
	Pacific Islander			Asian					
	American Indian			Other					
Fire Dep	artm	ent Contact							
Chief:									
Training Of	ficer:								
Address:									
City:				State:			Zip:		
Email:					Phone:				
Firefight	ter I '	Training							
Are you cui	rently	enrolled in a Fire	efighter I Program? Yes			No			
Do you wis	h to ob	tain PPE once yo	u have complete	ed your Fi	refighter	· I?	Yes	No	
Check all Fi	refight	ter I training in w	hich the volunte	eer has alı	eady rec	eived	:		
Communications			Ropes & Knots			Но	Hose and Appliances		
Firefighter Safety			Search & Rescue			Salvage & Overhaul			
Fire Behavior			Forcible Entry			HAZMAT Operation Level			
Building Construction			Ladders			Fir	First Responder		
PPE/SCBA			Ventilation			Liv	Live Fire Evolutions		
Fire Extinguishers			Fire Streams			S130/S190			
NIMS IS-100/IS-700			Sprinkler Systems			Water Supply			
Training	Scho	olarship Requ	uest						
Which of th	e follo	wing training pro	ogram(s) is this	request fo	r?				
							Firefighter I Skills Task		
S130/S190			Live Fire Evolutions			Book, 2nd Sign-off			
September 16-20			September 18-20				Septe	mber 17-18	
Will you need lodging?			Yes N	lo					

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Please sign the form to complete the application:

Date:

Fleuse sign the joint to co	тресе спе аррисасіон.
Volunteer Firefigh	ter Agreement
requested above, by Ja the Department of Hon complete the Firefight certification by this da	refighter I certification within 4 months of completing the training nuary 30, 2016. I understand that I am accepting federal funds from neland Security and am obligated to fulfill my responsibility to er I training. I also understand that if I do not obtain my Firefighter I te, I will repay the full amount of scholarship money received. If appleted, I will repay the Northwest Volunteer Firefighter Weekend 116.
Exception will be made for move out of the state of I	or individuals who receive federal orders which require the individual to Florida.
Lost wages will be elig day.	ible for reimbursement once Firefighter I is complete, up to \$100 per
Volunteer Firefighter Signature:	
Date:	
Chief Officer Agree	ement
on this form. I understhis/her Firefighter I cefirefighter listed above scholarship money rec	nteer firefighter listed above has received the past training indicated tand that it is the responsibility of the volunteer firefighter to obtain ertification by January 30, 2016. I also understand that if the volunteer a fails to do so, he/she is required to repay the full amount of eived. If Firefighter I certification is not completed, he/she must repay the Firefighter Weekend Council by April 30, 2016.
Chief Officer Name:	
Chief Officer Signature:	

Please fax the completed form to 877-468-7309 or scan and email to staff@nwflvolunteerffweekend.com

The Northwest Florida Volunteer Firefighter Weekend Council, Inc. admits students of any, race, color, and national or ethnic origin.