

BUCKEYE HILLS *Adult* CAREER CENTER

STUDENT REGISTRATION FORM 36 HOUR VFF TRAINING CLASS

NOTE: You are not guaranteed admittance to a firefighter training class by completing this registration form. The registration form will be reviewed by school district personnel. This form must be complete with all required signatures before the registration will be processed.

PLEASE PRINT ALL INFORMATION LEGIBLY

Name: _____
Last First Middle

Address: _____
Number/Street/Road

City State Zip Code

Telephone: (____) _____ (____) _____
Home Phone Cell Phone

SSN: _____ Email _____

Birth date: _____ Age _____ Sex _____ Driver's License No. _____
Month/Day/Year

Emergency Contact Name: _____ Emergency Number (____) _____
Relationship _____

County of Residence: _____ Representing (Fire Dept. Name): _____

Ethnic Group: White _____ Black _____ Native American _____ Other _____

Highest Grade Achieved: (Circle one) Below H.S. High School GED Assoc. Baccalaureate

Method of Payment: _____ Self-Pay _____ FD _____ Grant _____ Other _____

Any reason you cannot participate in all course activities? _____ Yes _____ No

Employment Status: Unemployed Part-time Full-time Student Where? _____

Please check the course that you are applying for:

_____ Volunteer _____ FF I Transition _____ Firefighter I _____ Firefighter II _____ Firefighter I & II

Start Date of Course: _____ End Date of Course: _____

It is the policy of the Gallia-Jackson-Vinton Joint Vocational School District that educational programs and other activities be conducted in adherence to Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973 in assuring non-discrimination with regard to race, color, national origin, sex, and disability.

YOU MUST ANSWER THE FOLLOWING QUESTIONS (Place a checkmark by your answer.)

1. Are you **under** 18 years of age? ____ Yes ____ No

If yes, are you 17 years of age and currently enrolled in your 12th or final year of high school? ____Yes ____No

IF YOU ARE UNDER 18 YEARS OF AGE, YOU MUST HAVE YOUR PARENT OR LEGAL GUARDIAN SIGN THIS FORM BEFORE IT CAN BE PROCESSED. YOU MUST ALSO PROVIDE A COPY OF YOUR BIRTH CERTIFICATE.

2. Have you been convicted of, plead guilty to, or had a judicial finding of guilt for any of the following: fraud or material deception in applying for, or obtaining, a fire certificate; a felony; a misdemeanor of moral turpitude; a violation of any federal, state, county, or municipal narcotics law; any act committed in another state, that, if committed in Ohio, would constitute a violation set forth in 4765-11-03(a)(16)(b) of the Ohio Administrative Code? ____Yes ____No
3. Have you been adjudicated mentally incompetent by a court of law? ____Yes ____No
4. Are you currently under indictment for a felony or misdemeanor involving moral turpitude? ____Yes ____No
5. Do you currently engage in the illegal use of controlled substances, chemical substances, or other habit-forming drugs; or engage in the use of alcohol to an extent that it impairs the ability to perform the duties of a firefighter or fire safety inspector? ____Yes ____No
6. Do you require oral testing for this class? ____Yes ____No
If you answered yes to the above question, you must have professional or school documentation and submit a request for oral testing in the form of a request letter to Buckeye Hills Career Center, Fire Program Director, prior to the beginning of this class.

WAIVER/ EMERGENCY MEDICAL AUTHORIZATION

The Gallia-Jackson-Vinton JVSD in making available its or other selected facilities, training grounds, equipment, and its staff, to provide an opportunity to learn on the part of its students, makes no representation of and assumes no liability for the suitability or condition of the selected facilities, training grounds, or equipment.

The training facility assumes no liability for and shall be indemnified and held harmless for any claims, demands, or suits of any nature, kind, or description whatsoever, including costs and expenses, for or account of any loss or damage to property owned or possessed by the student or any injury to such person which may result from any cause, including but not limited to, the condition and operation of the training facilities, training grounds, and equipment, or the condition and operation of any other selected facilities, training grounds and equipment, and the acts or omissions of members of its staff.

The members of the training facility staff and the instructors, their personal and representative capacity, assume no liability for and shall be indemnified and held harmless from suit of any nature, kind, or description whatsoever including costs and expenses for or on account of any loss or damage to property owned or possessed by any student or agency member or any injury to such person which may result from any cause whatsoever.

The student hereby authorizes the training facility to seek emergency medical assistance on their behalf, as necessary, and agrees to pay for any and all medical expenses incurred on their behalf. The student shall indemnify and hold harmless Gallia-Jackson-Vinton JVSD and the agency site for any and all such emergency medical expenses.

RELEASE

WHEREAS, the undersigned voluntarily desires to participate in the _____ Firefighters training Course; and

WHEREAS, the undersigned is aware that there are risks and hazards which may arise through participation in said activity and that participation in said activity and that participation in said activity has serious risks, including risk of loss of life and/or property of the undersigned; and

WHEREAS, the undersigned being knowledgeable that risks are involved in said Course and being willing to wave all rights or claims to injury, person, and/or property;

THEREFORE, it is agreed as follows:

In consideration of being allowed to participate in said activity and receive educational training, therefore the undersigned hereby voluntarily assumes all risks of accident or personal damage to their person or property, and hereby releases Gallia-Jackson-Vinton JVSD , its agents or employees, or otherwise. This Release shall be binding upon any heirs, administrators, executors, and assignees of the undersigned.

The undersigned, by signing this Release, hereby certifies that the undersigned has read and fully understands the conditions herein provided.

I attest that the above information is true and correct to the best of my knowledge. I hereby give permission to the Gallia- Jackson-Vinton JVSD to verify any of the above information and to release my state examination scores to school district personnel and the Ohio Department of Public Safety.

By signing this form, I hereby agree to the terms and conditions as listed throughout this document.

Applicant's Signature

Date

Parent Signature (if applicable)

Date

The above applicant is attending this Fire Training Class with my permission. The applicant is a member in good standing, of the Fire Department, of which, the undersigned is the Fire Chief. I understand that my Fire Department is responsible for the total costs of training for the applicant and the applicant has met the physical exam requirements and all other requirements for admittance to the training program.

Print Applicant's Name

Date of Appointment to FD

County of Fire Department

Fire Chief's Signature

Date

Name of Department