Frederick County Fire and Rescue Department
1080 Coverstone Drive
Winchester, Virginia 22602
Telephone: (540) 665-5618 Fax: (540) 678-4739

TRAINING REQUEST FORM FOR DEPARTMENT SPONSORED COURSES

PLEASE PRINT / TYPE AND FILL OUT COMPLETELY
RETURN **ALL** COPIES TO THE WINCHESTER FIRE AND RESCUE DEPARTMENT TRAINING DIVISION

COURSE INFORMATION

Course Requested: _____

Starting Date of Course _____ Course Previously Requested: YES ____ NO ____ Date of Prior Request: _____

Location of Course: _____

APPLICANT DATA

Full Name: _____ Rank: _____

_____ Male _____ Female Date of Birth: _____ / _____ / _____ Social Security Number: _____ — _____ — _____

Home Address: _____
(Street / P. O. Box… City…. State…. Zip Code)

Home Telephone: _____ Work Telephone: _____

E-Mail: _____ Pager Number: _____

***NOTE**: For Advanced Life Support (ALS) programs, applicants must be able to provide proof of High School Diploma or equivalency.
Current EMS Certifications: _____ Current Fire Certifications: _____

FIRE-RESCUE COMPANY AFFILIATION

Check One: ____ Volunteer ____ Career ____ Non-Fire / Rescue Jurisdiction / County: _____

Department Name: _____ FDID Number: _____

Department Address: _____
(Street / P. O. Box… City… State… Zip Code)

Chief's Recommendation: ____ Yes, I recommend the applicant ____ No, I do not recommend the applicant _____
Chief Signature

Comments: _____

SIGNATURE REQUIRED FROM ALL APPLICANTS

IMPORTANT: This Training Request Form will only be accepted if a training advisory has been issued. Training requests not completely filled out will be returned for re-submittal, which may result in rejection due to limited class size.

I understand that certain segments of this training activity may be physically demanding. If I have any questions on these physical requirements or if I may need special accommodation to complete the program's activities, I will notify the Course Coordinator immediately. Furthermore, if accepted into the training program, I understand that it is my responsibility to attend all required classes. If for some reason I cannot fulfill the program requirements, I will notify the Course Coordinator immediately. Failure to notify the Course Coordinator may result in you or your department being billed for reimbursement costs of the program.

Applicants Signature: _____ Date: _____

FOR TRAINING DIVISION USE ONLY

Date Reviewed: ____ / ____ / ____ Course Coordinator: _____ Contact Number: _____

☐ Copy of required prerequisites Not attached (see Training Advisory for a list of prerequisites)!

Date Paid: _____ Amount Paid: _____ Payment Type: ____ Check ____ Cash

	Approved	Denied	Comments	Need Copy Of:
Training Division	_____	_____	_____	____ CPR Card
Operations Division	_____	_____	_____	____ HMFR: Awareness/Operations
EMS Committee	_____	_____	_____	Other: _____

Applicant Notification Date: _____ By: ____ Letter ____ Telephone ____ Other: _____

WHITE COPY - TRAINING DIVISION	YELLOW COPY – AGENCY CHIEF	PINK COPY - APPLICANT