Modular Online Volunteer Firefighter Training Program
"Grow as You Go" Course Registration

SECTION 1: STUDENT INFORMATION (Please Print Legibly or Type)

Student Name (Last): _____ (First): _____

FCDICE Student ID #: _____ Phone #: _____

Email address: _____

SECTION 2: REQUIREMENTS FOR ENTRY INTO TRAINING PROGRAM

Requirement	Chief's Initial
• Student has been entered on Fire Department's FCDICE Roster.	
• Student background check has been completed. **Reference Florida Statute 633.412(2)**	
• Student has successfully completed a Physical Examination. **DFS-K4-1022 is attached**	
• Student has completed Incident Command prerequisite training (ICS-100, ICS-700). **Certificates are attached**	
• Student has access to NFPA compliant PPE	

SECTION 3: DEPARTMENT INFORMATION

Department Type: ☐ Volunteer   ☐ Combination (>50% Volunteer)   ☐ Combination (<50% Volunteer)

Department Name: _____ FDID#: _____

Chief's Name (Last): _____ (First): _____

Email address: _____ Phone #: _____

SECTION 4: FIRE DEPARTMENT / STUDENT AGREEMENT

Student has access to a computer with Internet connection and agrees:

- To maintain a study schedule and complete assignments, tests and skills (if required) for each module attempted.
- To communicate with the instructor regularly or whenever a problem is encountered.
- To complete a module (once started) before beginning another module.

We acknowledge that we have reviewed this agreement together and understand our responsibilities.

Student: _____

Fire Chief: _____   Date _____

Return by email to: VolunteerFirefighter@myfloridacfo.com   (include DFS-K4-1022 and Certificates)

Or mail to: **Bureau of Fire Standards and Training, 11655 NW Gainesville Road, Ocala, FL 34482**

* *State Fire Marshal Use Only* *

Date Received: _____   Access Code issued: _____   By: _____

Released: February 2016, Amended 3/16/2017