

Enter check number, how paid by below:

Relief check # _____ Fire Dept. check# _____ M.O.# _____

Make all checks out to: Crawford-Venango Counties Fire School

Send application and check to: Crawford-Venango Counties Fire School

David Darling, Registration Secretary

507 Shadow Ct.

Gibsonia, PA 15044

email: bears1338@gmail.com



Crawford-Venango Counties Fire School '19 Classes

Class #	Course Name	Instructor
1	Introduction to Basic Firemanship	Jim Pratt
2	Structural Burn Session (SBS)	Rick Robie
3	Aircraft Crash Rescue Short Course (ACFR)	Tom Bonura
4	Pump Operations II (PUOA)	John Eckel
5	Emergency Vehicle Operator Training (EVOT)	Mark Schwanke
6	Confined Space Rescue (CSR)	Greg Dinko
7	Truck Company Operations (TRCO)	Joe Crotty
8	Rope/High Angle Rescue I (RORE)	John Riggle
9	Emergency Response for Fire Police (ERFP)	Cindy Gironda
10	Fireground/Emergency Scene Rehab	Ben Hart/UPMC

You **MUST** read the **attached brochure** pertaining to **ALL** class prerequisites and any special instructions regarding each specific class.

You **MUST** use the above class numbers when registering for choice #1 & #2.

Crawford-Venango Counties Fire School Application



DEADLINE FOR APPLICATION IS August 19, 2019

Department Name: _____

Names to be **PRINTED** and **LEGIBLE** as they are to be on the certificate.

For class choices - use **ONLY** the **NUMBER** of the class.

-----**All Applicants must select (2) choices**-----

Name of Applicant:

Class Choice:
1st 2nd

Jr. Fireman:
(yes or no)

Age:

If you need space for more names, feel free to attach another page to this.

I hereby certify that those listed above are active firemen in our department, meet the class pre-requisites and are covered by our department insurance.

STUDENTS REGISTERED FOR CLASSES 2, 3 & 7 MUST PROVIDE A COPY OF THEIR CERTIFICATE FOR ONE OF THE PREREQUISITES LISTED. THIS COPY MUST BE SENT ALONG WITH THE REGISTRATION.

Fire Chief's Name (print): _____

Fire Chief's Name (sign): _____

Fire Chief's phone number: _____

Fire Chief's active email address: _____

Date: _____

• Total Number of persons attending _____ @ \$60 ea. = \$ _____

• Late Fee (will be assessed after the deadline) _____ @ \$20 ea. = \$ _____

Total amount remitted = \$ _____

Receipts will be mailed to the e-mail address listed above for Relief Association documentation purposes.