

**DEPARTMENT OF FIRE SERVICES
MASSACHUSETTS FIREFIGHTING ACADEMY
THE CALL/VOLUNTEER FIREFIGHTER TRAINING PROGRAM APPLICATION**

A COURSE INFORMATION

COURSE TITLE: CALL / VOLUNTEER FIREFIGHTER TRAINING PROGRAM

COURSE #: - - -

LOCATION: _____ START DATE: _____

B STUDENT INFORMATION: PLEASE PRINT CLEARLY

❖ **FIELDS MUST BE COMPLETED IN ORDER TO BE PROCESSED**

❖ NAME: _____
LAST FIRST MIDDLE INITIAL RANK

❖ ID# (DRIVER'S LICENSE, STATE ISSUED ID OR MFA ID#): _____

❖ MAILING ADDRESS: _____
STREET (do not use fire dept. address) CITY STATE ZIP

❖ EMAIL: _____

❖ HOME PHONE #: _____ CELL #: _____

WORK PHONE #: _____

❖ FIRE DEPARTMENT (city/town): _____ STATE: _____

❖ EMT # (If Applicable) _____

I CERTIFY THAT I AM A DULY APPOINTED MEMBER OF THE ABOVE CALL/VOLUNTEER FIRE DEPARTMENT AND THAT I AM AT LEAST 18 YEARS OF AGE.

❖ SIGNATURE OF APPLICANT: _____ DATE: _____

HAS APPLICANT EVER ATTENDED AN MASS FIRE ACADEMY CALL/VOLUNTEER FF TRAINING PROGRAM? YES NO

C REGISTRATION INFORMATION IF YOU ARE NOT ABLE TO ATTEND, PLEASE NOTIFY THE REGISTRAR

MAIL APPLICATION TO: CHRISTINE DANSEREAU
MASSACHUSETTS FIREFIGHTING ACADEMY
P.O. BOX 1025
STOW, MA 01775

FAX APPLICATION TO: (978) 567-3229

IF YOU HAVE ANY QUESTIONS: (978) 567-3227

WEBSITE ADDRESS: www.mass.gov/dfs

D MASSACHUSETTS TRAINING COUNCIL PROTECTIVE CLOTHING COMPLIANCE FORM

In accordance with the Massachusetts Fire Training Council policy for Live Fire Training Exercises and Evolutions, this section must be completed for each person who registers for any Academy program which includes live fire training.

I hereby attest that the ensemble (ensemble includes helmet, protective hood, coat, trousers, gloves and boots)

to be used by: _____ provided by: this department the student
(print student's name)

will at all times throughout the participation of the live fire training, be less than ten (10) years old. In addition, I further attest that this ensemble also complies with the following standards:

- NFPA 1971: Standard on Protective Ensemble for Structural Firefighting and Proximity Fire Fighting
- OSHA 29 CFR 1910.156(e) (2) (iii)

Chief of Department Signature: _____ Date: _____

Student Signature: _____ Date: _____