MASSACHUSETTS STATE 911 DEPARTMENT

52nd PSCA - PUBLIC SAFETY COMMUNICATIONS ACADEMY

Application for Enrollment

Academy Information

Academy Dates: May 11, 2020 – June 12, 2020

Orientation: Thursday, May7, 2020 1:00pm – 2:00pm
Orientation attendance for students and their supervisor is mandatory!

Class Times: Monday – Friday 8:30 am – 4:30 pm. (unless otherwise noted)

Location: Middleborough Training Facility

Section 1 – Student Information

Last Name _____ First Name _____ Middle Initial _____

Full Address _____ E-Mail Address _____

Phone Number _____ Other Number _____

Date of Birth _____ Last four SS #_____

Date of Hire/Appointment _____ Status of Employment (Full or Part-Time) _____

I, _____, agree to comply with all rules and regulations set forth by the Massachusetts
Printed Name of Applicant
State 911 Department with regard to its training programs and understand that I may be subject to dismissal from the program for infractions thereof. I also agree that in case of accident or illness, the training staff may take whatever actions are deemed necessary to arrange for emergency medical services. In the case of injury or illness resulting from training, all necessary medical expenses will be borne by the sponsoring agency. I agree that all issues of civil liability shall be determined in accordance with Chapter 258 of the Massachusetts General Laws.

Signed: _____ Rank or Title: _____ Date: _____

Section 2 – Agency Information

Name of Agency _____ Full Address _____

Phone Number _____ Fax Number _____

Supervisor _____ Supervisor's Title _____

Circle Agency Type - Police, Fire, EMS or Combination **EMD Vendor**_____

I, _____, approve this applicant for attendance at the above named academy session and
Printed Name of Chief Officer
further agree as the chief executive officer of the sponsoring agency to abide by the training regulations as established by the Massachusetts State 911 Department and understand that the program may include various types of training. I stipulate that the applicant will be employed by the sponsoring agency during periods of participation in the training program, and that the sponsoring agency assumes responsibility for all necessary medical expenses for injury or illness resulting from training. I agree, as the chief executive officer of the sponsoring agency, that the applicant shall be covered by emergency health care insurance during his/her participation in the training program activities, and also agree that in the case of illness or injury the training staff may take whatever actions are deemed necessary to arrange for emergency medical services. I agree that all issues of civil liability shall be determined in accordance with Chapter 258 of the Massachusetts General Laws.

Signed: _____ Rank or Title: _____ Date: _____*Please note, a student has not been approved for attendance at a class until a confirmation has been received via fax from the State 911 Dept. Training Division*