



CAREER RECRUIT FIREFIGHTER TRAINING PROGRAM APPLICATION

Training Location: _____

Student Name: _____

MFA Student ID: _____

Department: _____

Email Address: _____ **Phone:** _____

TO BE COMPLETED AND SIGNED BY HEAD OF DEPARTMENT

The completed application of _____, a full time member of this department for enrollment in the Massachusetts Firefighting Academy, is hereby forwarded with my approval.

In consideration of the Firefighting Academy permitting the above named person to use facilities made available to them at any location within the Commonwealth in order that he or she may further his or her training and ability in the Fire Service. I agree to hold harmless to the Academy; Department of Fire Services; the Executive Office of Public Safety & Security; the Commonwealth of Massachusetts; the owners of any property or facilities made available to them; or any of their agents or employees because of any injury to the above named which may occur while using the facilities or participating in any training classes.

Head of Department Signature: _____ Date: _____

MASSACHUSETTS TRAINING COUNCIL PROTECTIVE CLOTHING COMPLIANCE

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)

Head of Department Signature: _____ Date: _____

Student Signature: _____ Date: _____

MASSACHUSETTS TRAINING COUNCIL STATEMENT OF COMPLIANCE

- I have read the Rules and Regulations for the Career Recruit Firefighter Training Program (dated: October 2016) as set forth by the Massachusetts Fire Training Council and agree to abide by them.

Head of Department Signature: _____ Date: _____

Student Signature: _____ Date: _____

Must be submitted to complete the application process