

St. Lawrence County Request to Host Training Form

YEAR: _____

INSTRUCTIONS: Complete Section 1-Host Details, Section 2-Course Details and either Section 3a for Night (Evening) Courses -OR- Section 3b for Daytime Courses. Read all notes.

	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall
Start:	12/1	3/1	6/1	9/1
End:	2/28	5/31	8/31	11/30
Request Filing Deadline:	10/20	1/15	4/30	7/15

1. HOST DETAILS:

Host Fire Department:			
Officer Requesting Course:	<input type="checkbox"/> Fire Chief <input type="checkbox"/> Asst. Chief <input type="checkbox"/> Training Officer		
Day Phone Number:		E-Mail:	

2. COURSE DETAILS:

Course #: <small>(Two Digit Code)</small>		Course Title:	
Date You Would Like to Start the Course:			
Preferred Instructor:			
Number of Students from Your Fire Department Guaranteed to Attend:			[Min. 5]

3A. COMPLETE FOR NIGHT TIME (EVENING) COURSES:

Nights per Week:	<input type="checkbox"/> One (1) <input type="checkbox"/> Two (2)	<input type="checkbox"/> Combination Evening & Saturday (day) Course: <i>Saturday Sessions:</i> <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE
Night(s) of Week:	<input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT	
Alternate Night(s) of Week:	<input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT	

3B. COMPLETE FOR DAY TIME COURSES:

Days per Week:	<input type="checkbox"/> One (1) <input type="checkbox"/> Two (2)	Sessions per Day:	<input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE
Day(s) of Week:	<input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT		
Alternate Day(s) of Week:	<input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT		

PLEASE NOTE:

1. Consider seasonal weather conditions when requesting the start date of courses that include outdoor hands-on exercises and/or live fire evolutions.
2. **All students** (including course host) must pre-register for all courses by completing a Training Course Application and returning it to this office by the scheduled course registration deadline.
3. As course host, a certain number of seats are reserved for your agency/district based on the number of students you indicate above as "guaranteed to attend from your fire department."
These seats will remain reserved for one week following the original course schedule announcement, at which time they will be made available to the general fire service population.
4. Please coordinate with your neighboring fire departments and district deputy coordinators – they may be requesting the same course at the same time. Consider joint hosting of a course in a round-robin arrangement where the course is hosted at different fire stations for different units of the course (subject to approval).
5. Indicating a preferred instructor does not guarantee your choice will be selected. Instructors are subject to course instruction qualification and availability.
6. Return this form in person, via US mail, e-mail or fax to: St. Lawrence Co. Emergency Services - **Fax (315) 379-0681** Contact this office by phone at: **(315) 379-2240** or via e-mail at: FireTraining@co.st-lawrence.ny.us should you have any questions.