Delaware State Fire School

Excellence Through Training

Hosted by Minquas Fire Company

Register at

http://statefireschool.delaware.gov

Cost: $250 per student

Fire Officer II

Blended Learning

The Fire Officer II program consists of discussing Government Agencies, Fire Service Communications, Human Resource Management, Budgets, Personnel Evaluation, Data Technology Systems, Safety & Injury Prevention, and Supervising Multi-Unit Response Operations. The class is graded based on homework, quizzes, and the final exam. Classroom dates are mandatory.

Textbook: IFSTA Fire & Emergency Services Company Officer, Fifth Edition

This class will be held primarily online with some classroom sessions at the Minquas Fire Company located at
21 North James Street, Newport, Delaware

Contact person: Tucker Dempsey 302-739-4773

Prerequisites

- ICS-300
- Delaware Fire Officer I

Mandatory Classroom Dates
Round table discussions
July 27 (7 pm to 10 pm)
August 10 (7 pm to 10 pm)
Final exam and scenarios
August 13 (9 am to 4 pm)
August 14 (9 am to 4 pm)

Delaware State Fire School

1461 Chestnut Grove Road
Dover, DE 19904

Phone: 302-739-4773
Fax: 302-739-6245
E-mail: tucker.dempsey@state.de.us

Delaware State Fire School - *Registration Form*

COMPLETE FORM, PRINT TO OBTAIN AUTHORIZED SIGNATURES, AND RETURN TO DELAWARE STATE FIRE SCHOOL BEFORE DEADLINE.

Fill in class information:

Delaware Fire Officer II Blended Learning Course - Minquas Fire Company

Deadline to Sign-Up:
July 15, 2016

Class dates at Minquas Fire Company: July 27, August 10 - 7pm - 10 pm; August 13, 14 - 9 am - 4pm

Location: Minquas Fire Company 21 North James Street, Newport DE

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1461 Chestnut Grove Road
Dover, DE 19904

Phone: 302-739-4773
Fax: 302-739-6245
www.statefireschool.delaware.gov

I meet the class pre-requisites? ◯ YES ◯ NO

Attendee Information

Last Name: Jr./Sr.	
First Name, Middle	
Address:	
City, State, Zip	
Last 4 Digits SSN:	
Date of Birth:	
Contact Phone:	
E-Mail:	
Date Joined Fire Service:	
Sponsoring Organization:	

Sex: ◯ Male ◯ Female

Ethnic Origin: (Optional)

Payment Information

Tuition:

◉ **Check payable to Delaware State Fire School**

◯ **Invoice (DE Fire Companies Only)**

◯ **Credit Card** **Select Type:**

Card Number:

Expiration Date:

Cardholder Name:

PRINT COMPLETED FORM, OBTAIN SIGNATURES

CANCELLATION POLICY: Cancellations for students registered for this course must be received by the Fire School no later than noon the Wednesday before scheduled class date. Cancellations received after the deadline may be assessed a fee or payment of class tuition.

ATTENDEE SIGNATURE: The Delaware State Fire School will provide instruction in emergency response training and related skills under carefully selected instructors. In accepting instruction, you agree to the condition that the Delaware State Fire School assumes no responsibility other than the opportunity to learn. I understand that the payment for the course tuition and any and all medical, first aid and related charges will be the responsibility of the sponsoring organization. In the event no sponsoring organization is given and no signature is obtained, I accept this responsibility. I certify that I do not have any physical or other condition that will prevent me from actively participating in this course. By enrolling in this course, I also agree that the Delaware State Fire School may authorize the taking of photographs or movies or similar reproductions and may use them in either a commercial or noncommercial manner. At the sole discretion of DSFS and I hereby waive any objection to this activity and authorize use of my picture. In accepting enrollment for this course, the Delaware State Fire School is herby relieved of liability.

ATTENDEE SIGNATURE **Date**

AUTHORIZED SIGNATURE IS REQUIRED OF SPONSORING ORGANIZATION:

By signing this form I am certifying that the individual taking training does not have any physical and/or other conditions that would prevent them from actively participating in all portions of this course. I understand that payment for the course and any and all medical, first aid and related charges will be the responsibility of the sponsoring organization.

Authorized Signature of Sponsoring Organization **Print Name** **Date**

Sponsoring Organization **Title** **Contact Phone Number**