Delaware State Fire School

Excellence Through Training

Special Offering

Register at

http://statefireschool.delaware.gov

Cost: $250 per student (includes text-book and online instruction)

Fire Officer I

Blended Learning Format

The blended Fire Officer I program is designed to provide the tools necessary to manage fire service personnel in both emergency and nonemergency settings. The majority of the class will take place online. The classroom dates will concentrate on problem-solving in the modern fire service. The class is graded based on homework, chapter tests, and the final exam (written, tactical exercises, and assessment center). Eligible students may test for ProBoard certification at the completion of this course.

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

Classes will be held at the Minquas Fire Company located at 21 North James Street in Newport, DE

Contact person: Tucker Dempsey 302-739-4773

Prerequisites

- ICS-100 & 200
- Crew Leader
- Fire Ground Operations-Size Up

Mandatory Classroom Dates

Orientation at Minquas
May 4 (7 pm to 7:30 pm)
Classes at Minquas Fire Company
May 25 (7 pm to 10 pm)
June 15 (7 pm to 10 pm)
June 22 (7 pm to 10 pm)
July 9 (9 am to 4 pm)
July 10 (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 I Blended Learning Course - Minquas Fire Company

Deadline to Sign-Up: April 22, 2016

Class Dates: **Mandatory Class Dates May 04, 2016 - 7 pm - 7:30 pm**
Class dates at Minquas Fire Company: May 25, June 15, June 22 - 7pm - 10 pm; July 09, 10 - 9 am - 4pm

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

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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**