

Delaware State Fire School

Excellence Through Training

**Special
Offering**

Register at

<http://statefireschool.delaware.gov>
Registration deadline is December 16
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 Millville Fire Company located
at 35554 Atlantic Avenue in Millville, DE except February 3
which will be at the Georgetown Fire School*

Contact person: Tucker Dempsey 302-739-4773

Prerequisites

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

Online begins December 23
Mandatory Classroom Dates
January 2 (7 pm to 10 pm)
January 16 (7 pm to 10 pm)
January 30 (7 pm to 10 pm)
February 2 (9 am to 4 pm)
February 3 (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:

Course Name:

Dates Attending:

Class Time:

All Classes at Millville FC

Online Content begins Dec. 23

Delaware State Fire School
1461 Chestnut Grove Road
Dover, DE 19904

Class Location: Kent New Castle Sussex In-Service
(see Class Posting)

Phone: 302-739-4773
Fax: 302-739-6245
www.statefireschool.delaware.gov
Email: Fire.School@state.de.us
Rev. 11/18/15

I meet the Course Prerequisites? YES NO

Attendee Information

Last Name: Jr./Sr.

First Name, Middle

Address:

City, State, Zip

Last 4 Digits SSN:

Date of Birth:

Contact Phone:

Email :

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:

Security Code (CVV):

Cardholder Name:

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 hereby 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 _____

Name _____

Date _____

Sponsoring Organization _____

Title _____

Contact Phone Number _____