

DSFS OFFICER SEMINAR



January 26, 2019
8:30am - 12pm

**Delaware State Fire School—
Dover Training Center**
1461 Chestnut Grove Road, Dover, DE 19904



FEATURING • Dan Kerrigan •
Chief Fire Marshal—East Whiteland Township, PA
Peer Fitness Councilor through IAFF/IAFC/ACE, and Director of
First Twenty's Firefighter Functional Training Advisory Panel

TO REGISTER • Complete the attached
registration form and fax it to
(302) 739-6245 or Email to
fire.school@state.de.us.
Limit 6 attendees per company.



WWW.STATEFIRESCHOOL.DELAWARE.GOV



AUDIENCE

**Current Fire Company
Leadership**

- **Chiefs**
- **Line Officers**
- **Presidents**
- **Board Officers**

CONTENT

**A Review of completed
projects and programs for
the State Fire School in
2018 and share upcoming
changes in programs and
policies for 2019**

**A presentation by Chief
Dan Kerrigan on Health &
Wellness in the American
Fire Service with Q & A**

DELAWARE STATE FIRE SCHOOL

302-739-4773

302-739-6245 (FAX)

fire.school@state.de.us

**Registration Due
January 18, 2019**

Delaware State Fire School - Registration Form

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



Course Name: 2019 Officer's Seminar

Registration deadline January 18, 2019

Course Dates/Times:

January 26, 2019 - 8:30 A.M. - NOON

Comments:

Location:

Delaware State Fire School - Dover Training Center

Seminar Tuition: **FREE**

Delaware State Fire School
1461 Chestnut Grove Road
Dover, DE 19904
Phone: 302-739-4773
Fax: 302-739-6245
www.statefireschool.delaware.gov
e-mail - fire.school@state.de.us

ATTENDEE INFORMATION: LIMIT - 6 PERSONS FROM EACH FIRE DEPT.

FIRE DEPARTMENT:

Attendee 1 Full Name:

Last 4 Digits SSN:

Title:

Contact Phone:

E-Mail:

Attendee 2 Full Name:

Last 4 Digits SSN:

Title:

Contact Phone:

E-Mail:

Attendee 3 Full Name:

Last 4 Digits SSN:

Title:

Contact Phone:

E-Mail:

Attendee 4 Full Name:

Last 4 Digits SSN:

Title:

Contact Phone:

E-Mail:

Attendee 5 Full Name:

Last 4 Digits SSN:

Title:

Contact Phone:

E-Mail:

Attendee 6 Full Name:

Last 4 Digits SSN:

Title:

Contact Phone:

E-Mail:

CANCELLATION POLICY: Please contact us no later than noon Wednesday, January 23, 2019 if your member cannot attend.

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