

**Fairchance Volunteer Fire Department  
Training Application  
Questions call Ben Eicher 724-323-3763**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Fire Department Affiliation:** \_\_\_\_\_

**Your Fire Department is currently carrying Workers Comp on you and understands that all associates risks and claims will be against your department.**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **(Chief and student initial)**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chiefs Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing I am releasing Fairchance VFD, its members and officers of all liability associated with this training program. I acknowledge my department having insurance necessary to cover my member during this training.

**Class you wish to sign up for:** \_\_\_\_\_

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**All classes are \$20.00 each (Text books and necessary equipment are not provided. Student must provide them.)**

**Payment is due when you sign up. Class sizes are limited. No refunds will be given if the student fails to attend.**

**Check#** \_\_\_\_\_