



WV State Fire Commission
Office of the West Virginia State Fire Marshal
**MODULE TRAINING ENROLLMENT FORM-
INDIVIDUAL**

Pursuant to §29-3-5d of the Code of West Virginia, 1931, as amended, relating to the authorizing the State Fire Commission to establish and administrate a pilot project program to address problems facing volunteer fire departments; and requiring annual reports.

<p>ENROLLMENT INFORMATION (Please print clearly or type)</p> <p>Driver's License No. (or State ID No.): _____</p> <p>State of Issue: _____</p> <p>Date of Birth: _____</p> <p>Sex: _____ Male _____ Female</p> <p>First Name: _____ MI: _____</p> <p>Last Name: _____</p> <p>Mailing Address: _____</p> <p>City, State, Zip: _____</p> <p>Home / Evening Phone: (_____) _____ - _____</p> <p>Work / Day Phone: (_____) _____ - _____</p> <p>Email Address: _____</p> <p>Fire Department: _____</p> <p>Department Address: _____</p> <p>Department City, State, Zip: _____</p> <p>Department Chief: _____</p> <p>Department Telephone #: (_____) _____ - _____</p> <p>Department Email Address: _____</p> <p>In case of emergency, notify: _____</p> <p>Telephone #: _____</p>	<p>Instructions involving Modular Training enrollment are listed on the website of the WV State Fire Marshal (www.firemarshal.wv.gov). Read all information carefully. Complete all information and return to:</p> <p style="text-align: center;">WV State Fire Marshal Modular Training 1207 Quarrier Street, Suite 200 Charleston, WV 25301 Fax (304) 558-2537</p> <p>NOTE: Important information on page 2. Department Chief and Student, please read and sign acknowledgement form on reverse.</p> <p>Do you require any special accommodations during your attendance in this training course: YES NO</p> <p>If yes, please specify: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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FOR OFFICE USE ONLY

Date Received: _____ Date Application Processed: _____ By: _____

Department Good Standing Verification: _____ YES _____ NO

Date Forwarded to Training Provider: _____

Acknowledgement of Risks and Release of Responsibility

The WV State Fire Commission, through its training coordinators, attempts to conduct its training programs in a safe and efficient manner. However, it is not possible to eliminate all of the potential hazards to a student's safety. Before any student participates in a Module Training Program involving the teaching of emergency response skills, he/she should be familiar with the level of physical stress and other hazards involved. Please read the following explanations of the physical and mental requirements of this course and sign the form to acknowledge that you have read and understand the information. Students who cannot comply with these requirements will not be allowed to participate in the training involving physical exertion, or the use of protective equipment. They may attend lectures and observe evolutions from a safe distance.

I acknowledge:

1. Practical skills training of all disciplines can be a physically and mentally stressful activity, requiring physical exertion; exposure to high temperature and humidity levels; toxic atmospheres; working at heights and in confined spaces. Elevated body temperatures, increased pulse, respiration, and blood pressure are also possible.
2. Persons with known heart or lung disease, hypertension, who are pregnant (Note: spontaneous abortion will occur with pregnant females when core temperature elevates), or have other medical or mental conditions which may affect their health and safety under these conditions, are advised to check with their personal, or fire department, physician before participating in the activity. The ability to meet the West Virginia Department of Labor Respirator Wearers physical evaluation is the responsibility of the sponsoring department/agency and is a requirement for any course requiring the use of a self-contained breathing apparatus.
3. Protective clothing and self-contained breathing apparatus meeting the appropriate NFPA standards, at the time of manufacture, must be worn during most practical exercises and live fire training as directed by the instructor in charge. Protective equipment must be in serviceable condition.
4. Easily identifiable markers will be worn as established by the WV State Fire Commission during my Module participation and until full completion of the Module / Firefighter I Training. Such identifiable markers are provided by the WV State Fire Marshal Office.
5. Individuals with facial hair, jewelry, or other impediment to the proper seal of the face-piece on self-contained breathing apparatus will not be allowed to participate in evolutions where the atmosphere is toxic or may become so.
6. The use of alcohol, and drugs, which affect mental or physical reactions, immediately preceding, or during training, is prohibited.
7. **I am 16 years of age, or older, and an active member of a public or private fire department pre-approved by the WV State Fire Commission.**
8. WV State Fire Commission or training coordinators, will not sell nor distribute your email to any outside agency. WV State Fire Commission, Office of the State Fire Marshal's Office will, from time to time, provide you with organization updates, newsletters, surveys and the like. Providing your email address will serve as your approval for these periodic distributions.
9. No unauthorized cameras are allowed at training events. The unauthorized use of cameras may lead to confiscation of the camera.
10. For purposes of promoting the Module Training, I agree to allow unlimited use of any images containing me, with no compensation.
- 12a. **By my signature below, I acknowledge that if I do not have a department signature in #12 b. below, I will not be allowed to participate. By my signature below I also attest that I am on the department indicated and that I am authorized by an officer of said department to attend this class and that I am covered by my department's Worker's Compensation coverage for this class. I further understand, that I may only participate and carry out duties that I have been fully trained in based on the completion of each Module and understand that if I exceed those duties knowingly, I may be subject to discharge from the program indefinitely as well as the department I represent.**

Participant's Signature: _____

Printed Name / Date _____

- 12b. By my signature below, I certify that the individual participating (see student signature/name above) is an active member of a fire department and is in good standing with that department. And as such, is covered by that department's Worker's Compensation coverage for this training. In the event of injury during training, the student is responsible for notifying his or her department to initiate the process. The WV State Fire Commission nor it's training providers provide insurance coverage for students. Any and all injuries, no matter how minor, will be reported to the staff. Staff will have the final say in selecting the treatment disposition for the student. This may range from on-site treatment to ambulance transportation to a local emergency department or occupational medicine agency. If a student or department does not accept these terms, or refuses to comply with treatment decision and disposition, the student will be dropped from the remainder of the class (or program) and will not be eligible for any refund. I further understand, that the participant may only participate and carry out duties that he/she has been fully trained in based on the completion of each Module and understand that if a participant exceeds those duties knowingly, the department may be subject to discharge from the program indefinitely.

Signature: _____

Department Title

Printed Name / Date _____

Department: _____

Printed Department Name