

**SOMERSET COUNTY EMERGENCY
SERVICES TRAINING ACADEMY**
P.O. BOX 3000, SOMERVILLE, NJ 08876-1262
Phone: 908-725-5070 Fax: 908-725-5077

APPLICATION FOR TRAINING

SEPARATE APPLICATIONS ARE REQUESTED FOR EACH COURSE
All Information Must be TYPED or PRINTED in Block Letters

NAME OF COURSE REQUESTED	COURSE NUMBER	COURSE DATE
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DEPT/ORGANIZATION INDIVIDUAL NAME

ADDRESS FOR CONFIRMATION

NUMBER OF PERSONS ATTENDING _____ [LIST, ON REVERSE SIDE, NAMES OF INDIVIDUALS ATTENDING]

<p>ENROLLEMENT ELIGIBILITY: Only those applicants meeting course pre-requisites listed in this Catalog will be accepted.</p> <p>Dress requirements: Outdoor Programs: 1. Cutoffs, shorts or open toe footwear Are Not permitted.</p> <p>2. All protective clothing must meet OSHA requirements (OSHA 29, CFR 1910.156)</p>	<p>3. For all courses which require SCBA, it shall be the student's Responsibility to provide their own equipment in good working order.</p> <p>4. No student shall be permitted to attend any course which requires The use of SCBA if they have excessive facial hair. (As per OSHA 29, CFR 1910.134 and NFPA STD 1500 SEC.5-3.10)</p>	<p>Indoor Programs: 1. Casual but neat clothing Is permitted.</p> <p>2.No cutoffs, shorts, or open toe footwear will not be permitted.</p> <p>Students should be prepared to take notes and receive handouts for both Indoor/Outdoor programs.</p>
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<p>The _____ shall hold harmless and indemnify the County of Somerset, its officers, agents and employees from any and all injuries, damages and claims for damage to persons and/or property arising from the actions of its attendees at the Somerset County Emergency Services Training Academy, except as such injuries and Damages are caused by the gross negligence of the County or its employees or agents.</p> <p>*Insert name of Dept/Org./Individual</p>	<p>The undersigned certifies that the students enrolled do not have any physical and/or other conditions which would prevent them from actively participating in all portions of this course.</p> <p>The undersigned also certifies that all personnel enrolled in the above course are covered by Workers' Compensation and Liability Insurance, or are otherwise insured, as indicated by a copy of such insurance Attached to the current Authorized Signature form on file.</p>
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The above conditions are understood. Application is authorized by: PRINT NAME	SIGNATURE
Date of Application	TITLE
PHONE (HOME)	PHONE (WORK)

Academy use only: Ck. No. _____ Amt. _____ Cash _____

PLEASE PRINT ALL INFORMATION CLEARLY

LAST NAME	FIRST NAME	M.I.	S.S. NUMBER	DOB
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