

Stamford Regional Fire School

Student Application Form

Course Title _____

Starting Date: _____

Last Name: _____

First Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Fire Department: _____

Address: _____

City/State/Zip _____

ID Number _____ - _____

Your ID consists of the first three letters of your last name and the last four numbers of your Social Security Number

As Chief of the _____ Fire Department, I hereby authorize the above applicant to participate in the program listed above and understand that the above named individual will be covered by my organization's Worker's Compensation Insurance while participating in such training and that the Stamford Regional Fire School, the City of Stamford, The Stamford Fire Rescue Department or any of their agents or employees shall not be liable for any injuries suffered during such training.

The applicant is considered by my Department's standard to be physically and emotionally fit to perform firefighting operations without special considerations, and where applicable, to meet the OSHA 29 CFR 1910.134 standard (Use of SCBA)

Chief Signature _____

Please send all completed application with payment or PO attached to:

Stamford Fire Regional School

629 Main Street

Stamford CT 06902