

# VDFP

Virginia Department of Fire Programs' Student Application

<b>VDFP USE ONLY</b>
Student # _____
School # _____
Paid amt / P.O.# _____

Please forward this application to the appropriate VDFP Area Office sponsoring this event for processing.

**THIS FORM IS TO BE USED BY INDIVIDUALS WISHING TO ATTEND ANY VIRGINIA DEPARTMENT OF FIRE PROGRAMS SPONSORED SCHOOL. PLEASE FILL OUT COMPLETELY UNLESS INDICATED OTHERWISE.**

Please print your name as you wish it to appear on your certificate, FIRST, MI, LAST <input type="checkbox"/> Career <input type="checkbox"/> Volunteer		Rank or Title	Social Security Number	Adjunct Number	
Department <input type="checkbox"/> Combination <input type="checkbox"/> Career <input type="checkbox"/> Volunteer			Department Telephone Number		
Department Address (include zip code)				FDID #	
Home Address (include zip code)			Home Phone Number		
If representing a Volunteer Fire Company, name of employer and number you can be reached during the day					
FIRST COURSE PREFERENCE	LIST COURSE NAME & LOCATION	DATE OF COURSE	FEE		
SECOND COURSE PREFERENCE	LIST COURSE NAME & LOCATION	DATE OF COURSE	FEE		
THIRD COURSE PREFERENCE	LIST COURSE NAME & LOCATION	DATE OF COURSE	FEE		
Circle the number that reflects the highest level of your formal education: High School 9 10 11 12    College 13 14 15 16		Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	Do you have any physical impairments? If so check block and explain below in BLOCK A <input type="checkbox"/>	
Additional information BLOCK A					
Years of Fire fighting experience	Years of Law Enforcement experience	Years of Investigative experience	Highest level of NFPA Certification		
I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the Virginia Department of Fire Programs and the host facility, if I am admitted as a student. Falsification of information may result in denial of course attendance or a course certificate. I hereby authorize the release of any and all information concerning my enrollment in this course. Further, I understand that the Virginia Department of Fire Programs is not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.					
Are you an American Citizen?    Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a Virginia resident?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Applicant Signature _____			Date _____		