



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

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.

Application Request Date:	
Department Complete Name:	
Department Physical Address:	
Department Mailing Address:	
Department Telephone Number:	
Department Fax Number:	
Department Email Address:	
Chief's Name:	
Chief's Telephone Number(s):	
Module Training Agency: <input type="checkbox"/> Public Service Training Region _____ <input type="checkbox"/> WVU Fire Service Extension	
Module Training Class to Be Offered: <input type="checkbox"/> Firefighter <b>OR</b> <input type="checkbox"/> Apparatus Driver/Operator	
Training Physical Location:	
Driving Directions to Training Location:	
Training Start Date:	
Approximate Date of Training Completion:	
Number of Anticipated Participant(s):	
Is This Department in Good Standing with the WV State Fire Marshal's Office? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>FOR OFFICE USE ONLY</b>	
Date Received: _____	Date Application Processed: _____      By: _____
Department Good Standing Verification: _____ YES   _____ NO	
Date Forwarded to Training Provider: _____	

## Acknowledgement of Risks and Release of Responsibility

### 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 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. 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.
8. By my signature below, I certify that I have been duly appointed or elected as the Chief of this Department and that this Fire Department or Fire Company complies with all Federal and State laws to the best of my knowledge.

I fully understand that the WV State Fire Commission nor it's training providers provide insurance coverage for Departments or participants.

I further understand, that a 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: \_\_\_\_\_  
Title Printed Name / Date

Department: \_\_\_\_\_  
Printed Department Name