UNIVERSITY OF ILLINOIS
FIRE SERVICE INSTITUTE
ENROLLMENT FORM

ENROLLMENT INFORMATION **(Please print clearly or type)**

Driver's License No_____
(or State ID No.)

State of issue _____

*Social Security No. ___ ___ ___ - ___ ___ - ___ ___ ___ ___
(See note on reverse side)

SID # _____
(FEMA Student ID)

Date of Birth _____ Sex: Male___ Female___

First Name _____ MI _____

Last Name _____

Mailing Address _____

City, State, Zip _____

Home/Eve Phone (_____) _____

Work/Day Phone (_____) _____

Student e-mail address _____

Name of your local library _____

Dept./Organization _____

Dept. Address _____

City, State, Zip _____

Dept. Phone # _____

Dept. e-mail address _____

Years of Service _____ Rank/Title _____

In case of emergency, notify: _____

Phone # _____

Education Level
- ☐ Less than High School
- ☐ High School
- ☐ Some College
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctorate (Ph. D., Ed. D.)

Ethnicity
- ☐ American Indian
- ☐ Asian
- ☐ Black
- ☐ Hispanic
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ No Answer
- ☐ Other
- ☐ White

Instructions involving course enrollment are listed on the IFSI website <www.fsi.uiuc.edu>. Read all information carefully. Complete all information and return to:

Illinois Fire Service Institute
11 Gerty Drive
Champaign, Illinois 61820

(217) 333-3800 or
(800) 437-5819
(217) 244-6790 (FAX)

NOTE: Important information on page 2. Chief & Student, please read and sign form on page 2. ➔

COURSE ENROLLMENT INFORMATION

Name of Course Command & General Staff Functions

Location of Course East Moline, IL

Date(s) of Course 09/30/19 - 10/04/19

Do you require any special accommodations during your attendance in this training course? ☐ YES
(The request form can be found at www.fsi.illinois.edu under Policies, or contact the ADA Coordinator at (217) 300-1297. For a detailed explanation of the possible physical and/or mental requirements of this course, see reverse.)

FEES AND METHOD OF PAYMENT
(If you do not check one below, the Department will be billed.)

Enrollment Fee:
- ☐ Bill Department
- ☐ Bill Student
- ☐ Payment Enclosed

Method of Payment:
- ☐ Official Purchase Order or Letter of Authorization Enclosed

Department FEIN _____

THIS SECTION BELOW MUST BE COMPLETED FOR ITTF FUNDED CLASSES
↓

Enrollment must be received, on this form, either online, by mail or FAX. For classes funded under Illinois Terrorism Task Force grants, participant selection is based on roster information from the State Deployable TRT or HazMat teams. For all other classes, excluding IFSI Firefighter Academy, participation is based on date the enrollment form is received by Institute.

Indicate team affiliation for ITTF designated teams:

Technical Rescue Team	Hazardous Materials	Special Response Team	Team Illinois	IMT	N/A or Other
_____	_____	_____	_____	_____	_____
MABAS Division CART (Color) Independent	MABAS Division Independent				

FOR OFFICE USE ONLY

FP# _____ **Date Rcvd**_____ **Check #**_____ **PO#**_____

Sub Info_____ **Cancel Info**_____ **Student Ltr Sent** _____

Acknowledgement of Risks and Release of Responsibility

The Board of Trustees of the University of Illinois, through its Illinois Fire Service Institute, 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 an Institute 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 parts of 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 Illinois 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. 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.
5. The use of alcohol, and drugs, which affect mental or physical reactions, immediately preceding, or during training, is prohibited.
6. **I am 18 years of age, or older**, and an active member of a public or private fire department, public sector agency or authorized private corporation pre-approved by the Illinois Fire Service Institute (IFSI).
7. For purposes of promoting the IFSI, I agree to allow IFSI unlimited use of my image, with no compensation.
8. IFSI will not sell nor distribute your email to any outside agency, except to Parkland College (see #11 below). IFSI 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. **In order for the students, or their agency, to avoid being billed for the usual course fees, notifications of withdrawal must be made no later than 30 calendar days prior to the start of the course. This notification must be in writing. Failure to notify the Institute, as noted above, will result in you or your department being billed, regardless.**
10. No unauthorized cameras are allowed at IFSI training or IFSI sponsored training events. The unauthorized use of cameras may lead to confiscation of the camera.

11a. **By my signature below, I acknowledge that if I do not have a Department signature in #11b. below, I will only be allowed to participate in Cornerstone, NIMS or LP classroom activities. 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.**

Participant's Signature: _____ _____

Department Printed Name/Date

11b. 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. IFSI does not provide insurance coverage for students. Any and all injuries, no matter how minor, will be reported to the IFSI staff. IFSI 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 IFSI's 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.

Signature: _____ _____

Title Printed Name/Date

*****Use of Student Social Security numbers: Furnishing a Social Security number (SSN) is voluntary and not required for enrollment. However, the University of Illinois is required by federal law to report to the Internal Revenue Service (IRS) the name, address and SSN for persons from whom class fees and related expenses are received. Federal law also requires the University to obtain and report to the IRS the SSN for any person to whom compensation is paid. Failure to provide such information may delay or even prevent your enrollment. The University will not disclose a SSN for any purpose not required by law without the consent of the student.[1]