



# MISSOURI YOUTH FIRE SAFETY COALITION COURSE APPLICATION

**To be completed by the applicant:**

<b>Name:</b>		<b>Date of Birth:</b>
<b>Social Security No.:</b>	<b>Email:</b>	
<b>Home Address:</b>		
<b>City, State, Zip:</b>		
<b>Job Title:</b>		<b>Years of Service:</b>
<b>Agency:</b>		
<b>Agency Address:</b>		
<b>City, State, Zip:</b>		
<b>Agency Phone:</b>		<b>Agency Fax:</b>
<b>Have you ever forfeited bond, entered as plea of guilty or been found guilty of any crime?</b> ____ Yes      ____ No <b>If so, describe in full on back of this form</b>		

**Youth Fire Safety Coalition Course applying for:**

**Location:** Eugene Northern Community Hall, 400 W 4<sup>th</sup>, Rolla      **Date:** 11/7/07

I hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts will cause denial of admission to this program.

I further authorize all law enforcement agencies, U.S. Military, Federal, State, and/or local government agencies to furnish the Missouri Division of Fire Safety, with any and all information regarding me in order to determine suitability for certification. I further release said agency or person from all liability for any damages whatsoever that may occur from furnishing such information to the Missouri Division of Fire Safety.

A photostatic copy of this authorization will be considered as effective and valid as the original.

**Signature:**

**Date:**

**To be completed by the applicant's agency supervisor:**

I hereby attest that (Above applicant) \_\_\_\_\_ is an authorized representative of (Agency name) \_\_\_\_\_ and authorize this individual to attend the Missouri Fire Safety Coalition training course.

**Signature:**

**Date:**

**Send completed application to: Lynette Manley, City of Rolla Fire and Rescue, 1490 E 10<sup>th</sup> St. Rolla, MO 65401 APPLICATIONS ARE DUE BY OCTOBER 24, 2007.**