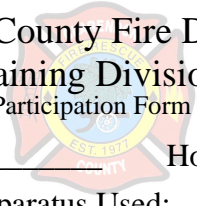


**Clarendon County Fire Department
Training Division
Participation Form**



Date: _____ Start Time: _____ Hours: _____
 Lead Instructor: _____ Apparatus Used: _____
 Assistant Instructor(s): _____
 Location: _____ Offering Body: _____
 Subject: _____

Class Name
 (for regular Training Classes)
 BBP Refresher
 Haz-Mat Refresher
 Monthly Off cer Trng.
 Monthly Trng. Drill
 Monthly Trng. Class
 Staff - Driver
 Staff - Fire
 Staff - PT
 Staff - Rescue

<u>Type:</u> Administrative ___ Co. Trng. ___ Driver Ops. ___ Fire Marshal ___ Prevention ___ Firefighter Ops. ___ Instructor ___ Investigations ___ Multi-Co. Drills ___ New Driver Trng. ___ Officer Development ___ Officer Trng. ___ Pre-Fire Planning ___ Radioactivity Trng. ___ Recruit Trng. ___ Specialty Ops. ___ <u>Course:</u> Computer ___ Fire ___ Haz-Mat ___ Inspections ___ Medical ___ Managerial ___ Rescue ___ PT ___ <u>Category:</u> Dept. - Lecture ___ Dept. - Lecture & Practical ___ Dept. - Practical ___ Outside Agency - Lecture ___ Outside Agency - Lecture & Practical ___ Outside Agency - Practical ___

****PLEASE PRINT****

