



Virginia Department of Fire Programs' Student Application

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

Please complete form and submit to the appropriate VDFP Division Office 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	Last 4 SSN	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 _____