Emergency Vehicle Operations Course (EVOC) 16 hours

York County Fire School

"A part of the Fire Chiefs and Firefighters Association of York County"

330 Emig Road
York, Pennsylvania 17406
www.yorkcounyfireschool.org **Phone: (717) 767-4097, Fax: (717) 764-3243**

Course Title: Emergency Vehicle Operations Course **SFA Course Code:** EVOC **Length of Course:** 16 Hours

- **Prerequisites: Minimum age of 18 at the start of the first class**
- **Referenced Texts**: Hazardous Materials Emergency Response Guide
- **Course Goal:** The goal of this program is to stimulate the thought processes of the students and to make them aware of the potential tragedy, financial loss, legal, and moral responsibilities that they have when operating emergency vehicles. The program will verify proficiency in both the knowledge and understanding of, as well as, the practical application to emergency vehicle driving.
- **Description of Course**: Sadly, a large proportion of emergency responder deaths and injuries occur as a result of motor vehicle accidents involving emergency response vehicles. This course is suitable for both novice and veteran emergency vehicle operators. Consisting of 8 hours of classroom and 8 hours of driving on a competency course, it will teach, reinforce, and review those issues and skills needed by anyone who operates a motor vehicle in responding to an emergency.

Dates: December 3rd & 4th; (18:30 – 22:30), & 6th (08:00 – 16:30) **Instructor:** Lane

USING INK PLEASE WRITE CLEARLY.

REGISTRATION INFORMATION

Student Name: _____ Date of Birth ___/___/___ Age___

Sponsoring Organization: _____Sta. No._____

Address: _____

City: _____ State: _____ Zip: _____

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(Student's Email Address) (Student's Phone #)

CHIEF'S AUTHORIZATION

In authorizing a student to attend any York County Fire School-sponsored course, the Chief and/or Supervisor certifies that the student:

1. Meets the qualifications for attendance, including all necessary prerequisites.
2. Does not have any physical and/or other conditions that would prevent them from actively participating in all portions of the course.
3. The student is covered by Worker's Compensation Insurance.

Signature of AUTHORIZING PERSON: _____

E-mail address **OR** phone # for confirmation / class cancellation notification purposes only ***(REQUIRED):***

Phone Number (_____) _____-_____ or _____@_____.___

Please mail or fax this completed form to the address or number listed above. PLEASE PRINT CLEARLY.

Thank you.