

Exterior Firefighter (ELEF), 42 Hours



YORK COUNTY FIRE SCHOOL

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

330 Emig Road

York, Pennsylvania 17406

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www.yorkcountymfireschool.org

Course Title: Exterior Firefighter, **SFA Course Code:** ELEF, **Length of Course:** 42 Hours

Prerequisites: Fireground Support (ELFG), **Minimum age of 14 at start of first class**

Referenced Texts: Delmar Handbook / Workbook Series

Description of Course: This course is designed to introduce new firefighters to exterior fireground operation including building construction, ladders, communications, protective systems/sprinklers, forcible entry, and fire prevention. This is the third of four courses in the curriculum.

Dates: (September 22nd; 18:30 – 22:30), (25th, October 2nd, & 9th; 08:00 – 17:00), (13th; 18:30 – 22:30), (16th; 08:00 – 17:00), & (20th; 18:30 – 22:30)

Instructor: John Livingston

USING INK PLEASE WRITE CLEARLY.

REGISTRATION INFORMATION

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

Sponsoring Organization: _____ Sta. No. _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

_____ @ _____ () - _____

(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 which 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: _____

PRINT YOUR NAME

Note: By authorizing this class you are authorizing the fire school to bill your organization, for no shows. Students not attending a class will subject the organization a charge of \$25.00 for a 6 hour or less class or \$50.00 for a class more than 6 hours long. The fire company is responsible for the cost of the class. Failure to pay such fees will result in eliminating your department members' attendance at future classes.

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.