

Introduction to Vol. Emergency Services Management (IVESM), 16 hours



York County Fire School

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

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Course Title: Introduction to Vol. Emergency Services Management, **SFA Course Code:** IVESM **Length of Course:** 16 Hours

🔑 **Prerequisites:** NONE

🔑 **Referenced Texts:** NFA IG and SM for course in question

🔑 **Course Goal:** To provide an introduction to a practical management training program that will allow the Volunteer Emergency Services Manager to apply management concepts and principles to the real world of management of their organization.

🔑 **Description of Course:** This course is designed for those individuals whose responsibility is to manage any of the facets of a volunteer emergency services organization. New administrative and line officers with less than one year of experience will derive the most from this program. Seasoned organizational officers will hone their knowledge and basic skills as a manager. Introduction to Volunteer Emergency Services Management demonstrates the basic management techniques needed to effectively administer a volunteer emergency service organization. Participants will explore the transition a member has to make when they step into the role of management in their organization. Through the use of small group activities, the participants will learn and apply the basic principles of communication, motivation, problem solving, decision making, and the management process to accomplish their organization's mission and goals.

Dates: August 11th & 13th; 18:30 – 22:30, & 16th; 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.