

6th Annual NC Rapid Intervention School

Registration Form

One person per form - Copy in ORIGINAL size **PLEASE- DO NOT FAX**
ONLY ORIGINAL SIGNATURE WILL BE ACCEPTED

Registration is \$150.00

Deadline for registrations is Sept 11, 2017

Checks **MUST** accompany registration form to reserve spot in class.

Please print legibly:

Social Security # _____ Date of Birth ____/____/____ Age _____
(Required for NC Certification) (Required)

Last Name _____ First Name _____ MI _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Phone(Home)(____) _____ (Cell)(____) _____ Sex 1.Male ____ 2.Female ____

E-mail Address: _____ Confirmation E-mail will be sent.
(Required – Print Please)

Race(check one) 1.White ____ 2.Black ____ 3.American Indian ____ 4.Hispanic ____ 5.Asian/Pacific Islander ____

Highest Educational Level completed- REQUIRED

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

OR check if HS Equivalency _____

Employment (check one) REQUIRED

- ____ 1-Retired
- ____ 2-Unemployed-not seeking employment
- ____ 3-Unemployed-seeking employment
- ____ 4-Employed 1 – 10 hours per week
- ____ 5-Employed 11 – 20 hours per week
- ____ 6-Employed 21 – 39 hours per week
- ____ 7-Employed 40 hours per week

Make checks payable to: Cape Fear Community College

Mail to:
Cape Fear Community College
c/o Becky Porter
4500 Blue Clay Rd
Castle Hayne, NC 28429

Employer _____

T-Shirt Size (circle one) S, M, L, XL, XXL

Complete Name of Public Safety Agency/Dept/Team _____

Job Classification (check one) REQUIRED

- ____ Firefighter (Vol Agency) ____ Firefighter (County/State/Municipal Agency) ____ EMS Responder (Vol Agency)
- ____ EMS Responder (County/State/Municipal Agency) ____ Emergency Mgt. Personnel ____ Named in EOP
- ____ Telecommunicator/Dispatcher ____ LE Officer ____ Detention Officer ____ Sponsored BLET
- ____ DACJJ Certified Officer-Indicate specific title _____
- ____ Other _____

My signature attests that I am actively affiliated with the public safety agency listed and that I hold the job classification indicated. I understand that CFCC may take my picture for purposes of promoting College related classes and I also understand that I will receive no compensation.

STUDENT SIGNATURE (REQUIRED)

Date

Fire Chief's Signature (REQUIRED)

Date