

## Eastern Carolina Firefighters Association Public Safety College Registration Form

LAST NAME		FIRST NAME		MIDDLE NAME	
MAILING ADDRESS					
CITY			STATE	ZIP	COUNTY
SSN (REQUIRED FOR CERTIFICATION)		DATE OF BIRTH (mm/dd/yyyy)		GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
PHONE			EMAIL		
ETHNIC ORIGIN <input type="checkbox"/> HISPANIC/LATINO (HIS) <input type="checkbox"/> NON HISPANIC/LATINO (NHS)		RACE <input type="checkbox"/> AMERICAN/ALASKA NATIVE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN <input type="checkbox"/> HAWAIIAN/PACIFIC ISLANDER			
HIGHEST EDUCATION LEVEL (CHECK ONE) <input type="checkbox"/> NON-GRADUATE – ENTER HIGHEST GRADE COMPLETED 0-11 _____ <input type="checkbox"/> 12 HIGH SCHOOL GRADUATE <input type="checkbox"/> GED <input type="checkbox"/> 13 ADULT HIGH SCHOOL DIPLOMA <input type="checkbox"/> 14 ONE YEAR VOCATIONAL DIPLOMA			EMPLOYMENT STATUS: (CHECK ONE) <input type="checkbox"/> RETIRED (R) <input type="checkbox"/> EMPLOYED 11-20 Hours per week (E2) <input type="checkbox"/> UNEMPLOYED-Not Seeking Employment (UN) <input type="checkbox"/> EMPLOYED 21-39 Hours per week (E3) <input type="checkbox"/> UNEMPLOYED-Seeking Employment (US) <input type="checkbox"/> EMPLOYED 40 or more Hours per week (E4) <input type="checkbox"/> EMPLOYED 1-10 Hours per week (E1)		
JOB CLASSIFICATION (CHECK ONE) <input type="checkbox"/> FIREFIGHTER (VOL AGENCY) <input type="checkbox"/> EMERGENCY MGT. PERSONNEL <input type="checkbox"/> DETENTION OFFICER <input type="checkbox"/> FIREFIGHTER (COUNTY/STATE/MUNICIPAL AGENCY) <input type="checkbox"/> NAMED IN EOP <input type="checkbox"/> SPONSORED BLET <input type="checkbox"/> EMS RESPONDER (VOL AGENCY) <input type="checkbox"/> TELECOMMUNICATOR/DISPATCH <input type="checkbox"/> DACJ CERTIFIED (LIST TITLE) _____ <input type="checkbox"/> EMS RESPONDER (COUNTY/STATE/MUNICIPAL AGENCY) <input type="checkbox"/> LE OFFICER <input type="checkbox"/> OTHER _____					
NAME OF PUBLIC SAFETY AGENCY/DEPARTMENT/TEAM					

List the classes you would like to attend. We will place you in your first choice if it is available. Please note course prerequisites and/or requirements in course description. If stated, bring appropriate equipment.		
	SECTION NUMBER	COURSE TITLE
1		
2		
3		

My signature attests that I am actively affiliated with the public safety agency listed above and that I hold the job classification indicated. I understand CFCC may take my picture for purposes of promoting college-related classes and programs. I also understand that I will receive no compensation.	
SIGNATURE	DATE
FIRE CHIEF'S SIGNATURE (IF REQUIRED)	DATE
<b>Fire Chief's signature required for sections 13, 33, &amp; 46</b>	

Make checks payable to: **Cape Fear Community College**. Payment MUST accompany this form to reserve spot in class.

Return completed form along with payment to : Norm Hinkle Cape Fear Community College/STC 4500 Blue Clay Road Castle Hayne, NC 28429	OFFICE USE ONLY	CHECK NUMBER
	ASSIGNED SECTION	DATE ENTERED