

# Calling the Mayday (Hands-on Training), 8 Hours

## New Course

# YORK COUNTY FIRE SCHOOL

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

**330 Emig Road**

**York, Pennsylvania 17406**

**Phone: (717) 767-4097, Fax: (717) 764-3243**

**www.yorkcountymfireschool.org**



**Course Title:** Calling the Mayday, **SFA Course Code:** Hands-on Training, **Length of Course:** 8

- ☛ **Prerequisites:** EBM, or Entry Level Interior Firefighter, or Firefighter 1
- ☛ **Referenced Texts:** Calling the Mayday: Hands on Training for Firefighters Workbook.
- ☛ **Course Goal:** The firefighter is able to call a mayday, when an emergency situation occurs.
- ☛ **Description of Course:** This course will certify that the student can call a Mayday over the radio. The firefighter will demonstrate their ability to call Mayday under various emergency situations a firefighter may find themselves in. The firefighter will perform these skills at the master level.

## **Turnout Gear & SCBA required.**

**Dates:** September 30<sup>th</sup> & October 2<sup>nd</sup>; 18:30 – 22:30  
Hoff

**Instructor:** Daniel

**USING INK PLEASE WRITE CLEARLY.**

### **REGISTRATION INFORMATION**

Student Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_

Sponsoring Organization: \_\_\_\_\_ Sta. No. \_\_\_\_\_

Address: \_\_\_\_\_

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 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.**