

# Emergency Vehicle Driver Training (EVDT) 16 hours



# YORK COUNTY FIRE SCHOOL

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

330 Emig Road

York, Pennsylvania 17406

[www.yorkcountymfireschool.org](http://www.yorkcountymfireschool.org)

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

**Course Title:** Emergency Vehicle Driver Training **SFA Course Code:** EVDT **Length of Course:** 16 Hours

**Prerequisites:** Minimum age of 18 at the start of the first class, student must provide emergency vehicle.

**Referenced Texts:** VFIS Emergency Vehicle Driver Training Manual

**Description of Course:** The goal of this program is to stimulate the thought processes of the students and to make them aware of the potential tragedy, financial loss, legal, and moral responsibilities that they have when operating emergency vehicles. The program will verify proficiency in both the knowledge of driving and emergency vehicle and the practical application to emergency vehicle driving.

**Dates:** (June 12<sup>th</sup> & 14<sup>th</sup>, 18:30 – 22:30 & 16<sup>th</sup>, 2018; 08:00 – 17:00)

**Instructor:** John Livingston

**Cost: \$40.00** (waived if training subscription was purchased)

## REGISTRATION INFORMATION

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or \_\_\_\_\_ @ \_\_\_\_\_.

(Student Contact Information)

## 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 failing to give 72 hour notice of withdraw or not attending and/or missing 20% of a class, will subject the organization to a charge for the cost of the class. The organization is responsible for the cost of the class. Failure to pay such fees will result in eliminating your organization members' attendance at future classes.**

E-mail address OR phone # for confirmation / class cancellation notification purposes only (**REQUIRED**):

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or \_\_\_\_\_ @ \_\_\_\_\_.

(Chief or Training Officer Contact Information Only)

Please mail or fax this completed form to the address or number listed above. PLEASE PRINT CLEARLY. Thank you.