



Virginia Department of Fire Programs And Dinwiddie County

Training Notice:

Firefighter I

Description: A fire training program designed to give firefighters training and certification to start them out in the fire service. The program consists of both classroom and practical components. The program is challenging and fast paced – both mentally and physically. Students should be prepared to work and study outside of class if they intend to be successful.

Prerequisites: Students must be a minimum of 16. Junior Firefighters must submit a parental permission by the first night of class – no exceptions. Students must be currently affiliated with Emergency Services, or have insurance that will cover them for the program.

Hours: 100% attendance required. No more than 10% may be made up outside of the scheduled class.

Textbook: All materials will be needed prior to the first day of class. You will need the following: Jones and Bartlett Fundamentals of Firefighter Skills 3rd edition. Firefighter I and II Student Guide (available online)

Schedule: See Attached schedule

Registration: **Online or** Faxing a student application to 804-371-3418

Location: Namozine Fire and EMS (and practical sites as needed)
3913 Pelham Ave, Petersburg, VA 23803

Note: Students will need to complete Hazardous Materials Operations prior to certification. This program is being offered after the Firefighter I concludes.

Dinwiddie Firefighter | Schedule
September - December 2014

Date	Time	Location	Subject	Hours	Reading/Skill Assignment(s)
9/2/2014	1830	Namozine	Class Paperwork and Overview	4	None
9/9/2014	1830	Namozine	Fire Service History	4	Chapter 1: Pages 2-18
9/11/2014	1830	Namozine	Firefighter Safety	4	Chapter 2: Pages 24-38
9/13/2014	1830	Namozine	Firefighter PPE	8	Chapter 3: Page 42-79
9/14/2014	1830	Namozine	Skill Sheets 3-1 through 3-15	8	
9/16/2014	1830	Namozine	Fire Department Communications	2	Chapter 4: Pages 90-111
			Skill sheet 4-1	2	
9/18/2014	1830	Namozine	Fire Behavior	4	Chapter 6: Pages 140-161
9/23/2014	1830	Namozine	Building Construction	4	Chapter 7: Pages 166-190
9/25/2014	1830	Namozine	Portable Extinguishers	3	Chapter 8: Pages 196-227
9/27/2014	1830		Skill Sheets 8-1 through 8-9	3	
9/27/2014	1830	Namozine	Fire Fighting Tools and Equipment	4	Chapter 9: Pages 234-253
9/28/2014	0800	Namozine	Ropes, Webbing, and Knots	4	Chapter 10: Pages 258-289
			Skill Sheets 10-2 through 10-21	4	
9/30/2014	1830	Namozine	Size up and Response	2	Chapter 11: Pages 296-313
			Skill Sheets 11-1 and 11-2	2	
10/2/2014	1830	Namozine	Forcible Entry	4	Chapter 12: Pages 318-349
10/7/2014	1830		Skill Sheets 12-1 through 12-13	4	
10/9/2014	1830	Namozine	Ladders	4	Chapter 13: Pages 354-396
10/11/2014	0800		Skill Sheets 13-1 through 13-20	10	
10/12/2014	0800	Namozine	Search and Rescue	4	Chapter 14: Pages 402-435
			Skills 14-1 through 14-19	4	
10/14/2014	1830	Namozine	Ventilation	4	Chapter 15: Pages 440-478
10/16/2014	1830		Skill Sheets 15-1 through 15-15	4	
10/21/2014	1830	Namozine	Water Supply	4	Chapter 16: Pages 486-544
10/25/2014	0800		Skills 16-1 through 16-33	6	
10/26/2014	0800	Namozine	Fire Attack and Foam	4	Chapter 17: Pages 550-578
			Skill Sheets 17-1 through 17-18	6	
10/28/2014	1830	Namozine	Firefighter Survival	3	Chapter 18: Pages 584-603
10/30/2014	1830		Skill Sheets 18-1 through 18-8	3	
11/11/2014	1830	Namozine	Salvage and Overhaul	4	Chapter 19: Pages 610-636
11/13/2014	1830		Skill Sheets 19-1 through 19-16	4	



Virginia Department of Fire Programs' Student Application

VDFP USE ONLY	
Student # _____	_____
School # _____	_____
Paid amt / P. O. _____	_____

Please complete form and submit to the appropriate VDFP Division Office for processing
THIS FORM IS TO BE USED BY INDIVIDUALS WISHING TO ATTEND ANY VIRGINIA DEPARTMENT OF FIRE PROGRAMS SPONSORED SCHOOL. PLEASE FILL OUT COMPLETELY UNLESS INDICATED OTHERWISE.

Please print your name as you wish it to appear on your certificate, FIRST, MI, LAST		<input type="checkbox"/> Career	<input type="checkbox"/> Volunteer	Rank or Title	Last 4 SSN	Adjunct Number	
Department					<input type="checkbox"/> Combination <input type="checkbox"/> Career <input type="checkbox"/> Volunteer		Department Telephone Number
Department Address (include zip code)						FDID #	
Home Address (include zip code)						Home Phone Number	
If representing a Volunteer Fire Company, name of employer and number you can be reached during the day							
FIRST COURSE PREFERENCE	LIST COURSE NAME & LOCATION			DATE OF COURSE	FEE		
SECOND COURSE PREFERENCE	LIST COURSE NAME & LOCATION			DATE OF COURSE	FEE		
THIRD COURSE PREFERENCE	LIST COURSE NAME & LOCATION			DATE OF COURSE	FEE		
Circle the number that reflects the highest level of your formal education:		Male <input type="checkbox"/>	Date of Birth		Do you have any physical impairments? If so check block and explain below in BLOCK A <input type="checkbox"/>		
High School 9 10 11 12 College 13 14 15 16		Female <input type="checkbox"/>					
Additional information BLOCK A							
Years of Fire fighting experience	Years of Law Enforcement experience	Years of Investigative experience	Highest level of NFPA Certification				
I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the Virginia Department of Fire Programs and the host facility, if I am admitted as a student. Falsification of information may result in denial of course attendance or a course certificate. I hereby authorize the release of any and all information concerning my enrollment in this course. Further, I understand that the Virginia Department of Fire Programs is not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.							
Are you an American Citizen?	Are you a Virginia resident?	Applicant Signature			Date		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>						

Virginia Department of Fire Programs

Parent/Guardian Consent Form

_____ VDFP School #

(to be filed with VDFP Division Office prior to participating in approved VDFP training courses)

Note: All applicants age 16 or 17, must have parent or guardian signature

Please review and complete the information below. Sign your name/date with a daytime telephone number and forward this original document to the appropriate Virginia Department of Fire Programs Division Office or course coordinator prior to your son/daughter participating in any approved VDFP course. Registration for course will be denied until such time form is completed in its' entirety.

Junior Firefighter Name _____ Telephone: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Participating Fire Department: _____

Parent/Guardian Name(s): _____, hereby certify that we/ I am the parent(s) and/or lawful guardian(s) of _____, Date of Birth _____.

We/ I FULLY UNDERSTAND that the occupation of Firefighting has been declared hazardous by the Commissioner of Department of Labor and Industry pertaining to Teenagers and will instruct the Minor that: (a) THE ACTIVITIES OF FIREFIGHTING ARE DANGEROUS and participating in these courses involve POTENTIAL RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH as a result of falls from ladders, bodily burns and excessive smoke inhalation; (b) these risks and dangers may be caused by the Minor's own actions or inaction, the actions or inaction of others participating in the training program; (c) there may be OTHER RISKS NOT KNOWN TO US or that are not readily foreseeable at this time.

We/ I consent to the Minor's participation in the approved firefighting training activities and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY NOT CURRENTLY COVERED BY LOCALITY PERSONAL LIABILITY OR WORKERS COMPENSATION INSURANCE.

We/ I further understand that the Virginia Department of Fire Programs furnishes qualified instructors for each course which are authorized to exercise judgment and discretion in the performance of their duties while training firefighter in the Commonwealth of Virginia to protect the lives and properties of their communities. We / I also understand that VDFP and the approved instructors do not offer personal liability or Workers Compensation insurance on any participants involved in fire fighting training activities.

WE/ I HAVE READ THIS PARENTAL/GUARDIAN CONSENT FORM. We/ I the undersigned, having read, understood and completed the above, and having been briefed regarding the nature of activities the Minor will be participating in, hereby give our/ my permission for my child/ward to attend and participate fully in all activities.

My parent(s) or legal guardian and I have read this form and thoroughly understand the potential dangers involved with firefighting activities.

Printed Name of Junior Firefighter	Signature of Junior Firefighter	Date
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date

Daytime contact telephone number _____