

Volunteer Training Request Form

Name: _____ Date: _____

Name of Program/Course you wish to attend: _____

Location of the Program/Course: _____

Start Date	Start Time	Ending Date	Ending Time	Total Hours

Is the course/program in the volunteer professional standards? YES or NO

How will YOU benefit from this Course/Program?

How will the Department benefit from sponsoring you in this Course/Program?

Type of Compensation Requested? NONE

Vehicle	# Miles			
Registration Fee	Amount:			
Book/Materials	Amount:			
Accommodations	#days/nights		Room Rate	
Meals	# B/L/D			
Reimbursements	Amount:			
Other				

Can you handle your own registration, reservations, etc and be reimbursed after you successfully complete the class? YES or NO

PLEASE ATTACH A NON-RETURNABLE COPY OF ALL APPLICABLE COURSE/PROGRAM INFORMATION

Members Signature: _____ Date: _____

Training Officer

Signature: _____ Date: _____

District Chief's Signature: _____ Date: _____

*Fire-EMS Chief's Signature: _____ Date: _____

*If any public funding being requested