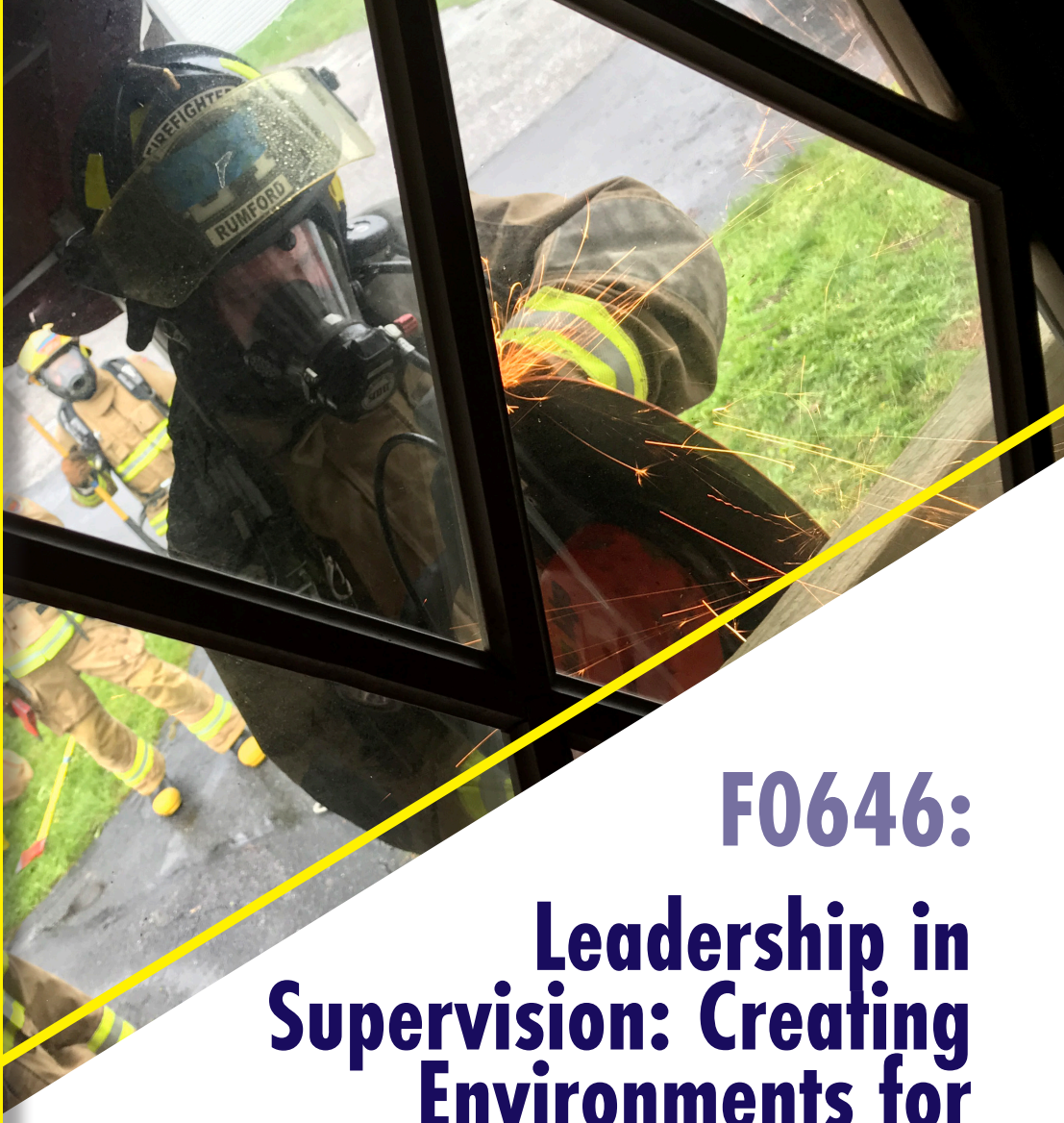
NFA Weekend at MFSI

APRIL 10 & 11 2021

19 Sewall Street
Brunswick, ME 04011

8:00am - 4:00pm
Program fee: $25
(lunch not provided)
Deadline to apply:
March 1, 2021

For more information, please email mfsiinfo@smccme.edu



F0646:

Leadership in Supervision: Creating Environments for Professional Growth

Curriculum: Leadership and Executive Development

This two-day course presents the supervisor with the basic leadership skills and tools needed to perform effectively in the fire and EMS environment. The course includes concepts related to a successful transition to supervisory and leadership roles, including concepts of adaptive leadership; change management; active followership; effective communication, including difficult conversations and advocacy-inquiry based dialogue; ethics; authority; power; decision-making; and active engagement through development of a personal plan.

Please submit completed registration materials to Anne Heinig at aheinig@smccme.edu or "MFSI - ATTN: Anne Heinig, 19 Sewall Street, Brunswick, ME 04011."

Please note: *This training weekend is subject to cancellation due to ongoing COVID-19 concerns. In the event of cancellation, participants will be refunded the $25 program fee.*

SOUTHERN MAINE COMMUNITY COLLEGE
envision a future

Registration Form

SMCC ID# _____ TODAY'S DATE _____

LAST NAME _____ FIRST _____ MIDDLE

BIRTH/OTHER NAME _____ E-MAIL _____

CELL PHONE _____ HOME PHONE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ SOCIAL SECURITY # _____

GENDER* ☐ FEMALE ☐ MALE BIRTHDATE* _____
MINOR RELEASE FORM REQUIRED FOR STUDENTS UNDER 18 YEARS OF AGE

ETHNIC GROUP* (CHOOSE ONE) ☐ HISPANIC/LATINO ☐ NOT HISPANIC/LATINO

RACE* (CHOOSE ALL THAT APPLY)
☐ AMERICAN INDIAN OR ALASKA NATIVE
☐ ASIAN
☐ BLACK OR AFRICAN AMERICAN
☐ WHITE
☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

*OPTIONAL – THIS INFORMATION IS USED FOR REPORTING PURPOSES ONLY

YOUR REASON FOR ENROLLING ☐ DEGREE OR CERTIFICATE ☐ PERSONAL ENRICHMENT
☐ TRANSFER TO ANOTHER COLLEGE ☐ SKILLS FOR EMPLOYMENT ☐ OTHER

I HAVE BEEN A RESIDENT OF MAINE SINCE _____ (for non-educational purposes)
MONTH/YEAR

ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO PROOF OF MAINE/US RESIDENCY REQUIRED TO QUALIFY FOR IN-STATE TUITION

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? ☐ YES ☐ NO

REGISTRATION YEAR _____ TERM ☐ FALL ☐ SPRING ☐ SUMMER

COURSE CODE	COURSE NUMBER	COURSE SECTION	COURSE TITLE	CREDITS	A AUDIT R REPEAT	OFFICIAL USE
NFA	F0646		Leadership in Supervision: Creating Environments			
			For Professional Growth			

STUDENT SIGNATURE _____

In Service Since 1948

COVID-19 Billing Procedure

In the past, MFSI has collected payment for programs and courses at the time of registration. However, given the increased likelihood of program cancellations due to the ongoing pandemic - and in an effort to avoid delays in departments/individuals/agencies receiving their reimbursement funds for canceled programs - we will not be collecting payment for any program until it has begun.

Please use this form to provide information about the intended payment method (whether it will be an individual or a fire department/other agency) so that MFSI can invoice the payer after the program's start date. We ask that you write legibly or type your responses. ***Your application will not be considered complete without this form filled out in its entirety.***

Payment method*: Purchase order from fire department/municipality ☐ **Personal check** ☐

Purchase order number (if applicable):

Payer (name/department name):

Candidate's name (if different from payer):

Course name: **Course location:**

Payer's address for receipt of invoice:

Alternative contact method for payer (email, phone number, etc):

This form, and all other registration materials, should be submitted to Anne Heinig at aheinig@smccme.edu or MFSI, ATTN: Anne Heinig, 19 Sewall Street, Brunswick, ME 04011.

If you have any questions about payment options or other billing concerns, please contact Melissa Turner at mturner@smccme.edu.

**Please note: MFSI cannot accept payments made via credit card.*

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY

GENERAL ADMISSIONS APPLICATION SHORT FORM

See Reverse for Privacy Act Statement

O.M.B. No. 1660-0100
Expires November 30, 2016

SECTION I - GENERAL INFORMATION

1. DATE OF BIRTH (Mo, Day, Yr.)

2. GENDER ☐ FEMALE ☐ MALE

3. U.S. CITIZEN ☐ YES ☐ NO ☐ PERMANENT RESIDENT

If No, City and Country of Birth:

4. RACE (Please check all that apply)
1. ☐ AMERICAN INDIAN or ALASKAN NATIVE
2. ☐ ASIAN
3. ☐ BLACK or AFRICAN AMERICAN
4. ☐ WHITE
5. ☐ NATIVE HAWAIIAN or PACIFIC ISLANDER

4a. ETHNICITY
☐ HISPANIC or LATINO
☐ NOT HISPANIC or LATINO

5. PLEASE PRINT YOUR NAME (Last, First, Middle, Suffix)

6. STUDENT IDENTIFICATION (SID) NUMBER

7. HOME MAILING ADDRESS (Street, avenue, road no., P.O. box/city or town, and zip code)

8. Work Phone Number:

9. Home Phone Number:

10. FAX Number:

11. E-MAIL ADDRESS

12a. ENTER COURSE CODE AND TITLE
F0646 - Leadership in Supervision: Creating Environments for Professional Growth

12b. COURSE LOCATION
Brunswick, ME

12c. DATE
April 10 & 11, 2021

13. DO YOU HAVE ANY DISABILITIES *(Including special allergies or medical disabilities)* WHICH WOULD REQUIRE SPECIAL CONSIDERATION DURING YOUR ATTENDANCE IN TRAINING?
☐ NO ☐ YES *(If yes, indicate & describe any special considerations required on a* separate *sheet)*

SECTION II - EMPLOYMENT INFORMATION

14a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED

14b. NFIRS # (NFA ONLY)

15. CURRENT POSITION AND NUMBER OF YEARS IN POSITION

16. CHECK THE BOX(ES) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION

16a. JURISDICTION
1. ☐ STATEWIDE
2. ☐ COUNTY GOVERNMENT
3. ☐ CITY/TOWN/VILLAGE
4. ☐ SPECIAL DISTRICT/TOWNSHIP
5. ☐ FEDERAL/MILITARY (non-DHS)
6. ☐ INDUSTRY/BUSINESS
7. ☐ FOREIGN
8. ☐ DHS/FEMA
9. ☐ TRIBAL NATION

16b. ORGANIZATION
1. ☐ ALL CAREER
2. ☐ ALL VOLUNTEER
3. ☐ COMBINATION

16c. CURRENT STATUS
1. ☐ PAID FULL TIME
2. ☐ PAID PART TIME
3. ☐ VOLUNTEER
4. ☐ DISASTER RESERVIST

SECTION III - ENDORSEMENT AND CERTIFICATION

17a. I certify that the information recorded on this application is correct. Falsification of information will result in denial of a course certificate and stipend (U.S.C. 1001).
17b. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge, or designee, of my organization. All requests for information shall be in writing from said chief officer or designee.
17c. Further, I understand that the National Emergency Training Center (NETC), the Mt. Weather Emergency Operations Center (MWEOC), and the Noble Training Facility (NTF) are not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.
17d. I agree to abide by the rules, policies, and regulations of NETC, MWEOC and NTF. Failure to do so will result in denial of the student stipend, expulsion from the course, and possible barring from future National Fire Academy (NFA) and Emergency Management Institute (EMI) courses.

18a. SIGNATURE OF APPLICANT

18b. DATE

19. APPROVAL BY THE HEAD OF THE SPONSORING ORGANIZATION *(NOT REQUIRED FOR SELF STUDY PROGRAMS)*

By signing this application, I certify that my organization does not discriminate on the basis of age, gender, race, color, religious belief, national origin, economic status, or disability in providing educational opportunities for its employees.

19a. SIGNATURE

19b. PRINTED NAME AND TITLE
James A. Graves, Director, Maine Fire Service Institute

19c. DATE

20. ADDITIONAL ENDORSEMENTS FOR APPLICATION TO THE EMERGENCY MANAGEMENT INSTITUTE *(NOT REQUIRED FOR SELF STUDY PROGRAMS)*

20a. SIGNATURE AND DATE (State Office)

20b. SIGNATURE AND DATE (FEMA Regional Office)

21. SUBMIT APPLICATION TO APPROPRIATE SPONSOR

22a. DISPOSITION	22b. SIGNATURE OF REVIEWER	22c. DATE
☐ ACCEPTED ☐ REJECTED		

EQUAL OPPORTUNITY STATEMENT

NFA and EMI are Equal Opportunity institutions. They do not discriminate on the basis of age, gender, race, color, religious belief, national origin, or disability in their admissions and student-related procedures. Both schools make every effort to ensure equitable representation of minorities and women in their student bodies. Qualified minority and women candidates are encouraged to apply for all courses.

PRIVACY ACT STATEMENT

GENERAL - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), Title 5 United States Code (U.S.C.), Section 552a, for individuals applying for admission to NFA Or EMI.

AUTHORITY - Federal Fire Prevention and Control Act of 1974, as amended, Title 15 U.S.C., Sections 2201 et. seq.; Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, Title 42 U.S.C., Sections 5121, et. seq.; Title 44 U.S.C. Section 3101; Executive Orders 12127, 12148, and 9397; Title VI of the Civil Rights Act of 1964; and Section 504 of the Rehabilitation Act of 1973.

PURPOSES: To determine eligibility for participation in NFA and EMI courses. Information such as age, gender, and ancestral heritage are used for statistical purposes only.

USES: Information may be released to: 1) FEMA staff to analyze application and enrollment patterns for specific courses, and to respond to student inquiries; 2) a physician to provide medical assistance to students who become ill or are injured during courses; 3) Members of the Board of Visitors for the purpose of evaluating programmatic statistics; 4) sponsoring states, local officials, or state agencies to update/evaluate statistics of NFA and EMI participants; 5) Members of Congress seeking first party information; and 6) Agency training program contractors and computer centers performing administrative functions.

EFFECTS OF NONDISCLOSURE - Personal information is provided on a voluntary basis. Failure to provide information on this form, however, may result in a delay in processing your application and/or certifying completion of the course.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 6 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0100) ***NOTE: Do not send your completed form to this address.***