

NFA F0729: Incident Safety Officer



Registration materials can be submitted to Anne Heinig at “MFSI - ATTN Anne Heinig, 19 Sewall Street, Brunswick, ME 04011” or to aheinig@smccme.edu. Please do not send payment with registration packet - see COVID-19 Billing Procedure page for details.

**Location: Ellsworth City Hall
at 1 City Hall Plaza**



Curriculum: Responder Health and Safety
This two-day course examines the Safety Officer’s role at emergency responses. A specific focus on operations within an Incident Command System (ICS) as a Safety Officer is a main theme. Response to all-hazards types of situations will be emphasized.

Selection criteria (recommended): Individuals who have a Safety Officer responsibility at emergency operation situations.

For more information, please contact Director Graves at jgraves@smccme.edu or 207-844-2078.



Schedule: 8:00a.m.
to 4:00p.m. both
days
Deadline to apply:
August 12, 2022



COVID-19
vaccination is
required for all on-
campus programs at
MFSI/SMCC



FREE PROGRAM –
with support from
the National Fire
Academy Training
Grant



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 |
|-------------|---------------|----------------|--------------|---------|---------------------|-----------------|
|-------------|---------------|----------------|--------------|---------|---------------------|-----------------|

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|-----|-------|--|-------------------------|--|--|--|
| NFA | F0729 | | Incident Safety Officer | | | |
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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:

Email address or phone number of payer (not candidate):

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 Nancy Russell at nrussell@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 <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE | | 3. U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PERMANENT RESIDENT | | If No, City and Country of Birth: | |
| 4. RACE (Please check all that apply) 1. <input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE 2. <input type="checkbox"/> ASIAN 3. <input type="checkbox"/> BLACK or AFRICAN AMERICAN 4. <input type="checkbox"/> WHITE 5. <input type="checkbox"/> NATIVE HAWAIIAN or PACIFIC ISLANDER | | | | | | 4a. ETHNICITY <input type="checkbox"/> HISPANIC or LATINO <input type="checkbox"/> 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 F0729 Incident Safety Officer | | | | 12b. COURSE LOCATION Ellsworth, ME | | 12c. DATE Sep 17 & 18, 2022 | |
| 13. DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL CONSIDERATION DURING YOUR ATTENDANCE IN TRAINING? <input type="checkbox"/> NO <input type="checkbox"/> 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 | | | 16b. ORGANIZATION | | 16c. CURRENT STATUS |
| 16a. JURISDICTION 1. <input type="checkbox"/> STATEWIDE 4. <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP 7. <input type="checkbox"/> FOREIGN 2. <input type="checkbox"/> COUNTY GOVERNMENT 5. <input type="checkbox"/> FEDERAL/MILITARY (non-DHS) 8. <input type="checkbox"/> DHS/FEMA 3. <input type="checkbox"/> CITY/TOWN/VILLAGE 6. <input type="checkbox"/> INDUSTRY/BUSINESS 9. <input type="checkbox"/> TRIBAL NATION | | | 1. <input type="checkbox"/> ALL CAREER 2. <input type="checkbox"/> ALL VOLUNTEER 3. <input type="checkbox"/> COMBINATION | | 1. <input type="checkbox"/> PAID FULL TIME 2. <input type="checkbox"/> PAID PART TIME 3. <input type="checkbox"/> VOLUNTEER 4. <input type="checkbox"/> 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

ACCEPTED REJECTED

22b. SIGNATURE OF REVIEWER

22c. DATE

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.***