

MAINE FIRE CHIEFS WORKSHOP

WHEN: *NEW DATES* FEBRUARY 10-11, 2024

WHERE: Aroostook County EMA Office at 158 Sweden Street, Caribou

The Maine Fire Chiefs Workshop was created to provide current, new and aspiring fire chiefs with an understanding of important considerations for the delivery of fire protection services in their community. The workshop will provide information to assist in the management and leadership of a fire department in Maine. Class Size: 12 Minimum / 30 Maximum

This workshop consists of eight (8) modules designed to be presented through 16 hours of contact time, typically on a weekend. It is possible to select individual or groups of modules to be presented according to your need.

Topics Include:

- Fire Chief's Role in Leadership
- Legal Aspects of Fire Protection
- Professionalism & Politics
- Fire Chief's Role in Coaching, Counseling, and Correcting
- Financial Management & Planning
- Training, Safety, and Risk Management
- Incident Management
- Community & Media Relations

To register, send completed forms to aheinig@smccme.edu Fee for program: \$75 - ONLY A FEW SEATS AVAILABLE!

Questions? Contact Chief Darren Woods at dwoods@smccme.edu





Registration Form

SMCC ID#	TODAY'S DATE			
LAST NAME	FIRST		MID[DLE
BIRTH/OTHER NAME	E-MAIL			
CELL PHONE	HOME PHONE			
MAILING ADDRESS				
CITY	STATE	ZIP		
COUNTY	SOCIAL SECURITY # (last 4 digits)_		
GENDER* FEMALE MALE	BIRTHDATE*		ENTS UNDER 18	YEARS OF AGE
ETHNIC GROUP* (CHOOSE ONE)	HISPANIC/LATINO	NOT HISPA	NIC/LATING)
RACE* (CHOOSE ALL THAT APPLY) AMERICAN INDIAN OF BLACK OR AFRICAN AND NATIVE HAWAIIAN OF		ASIAN WHITE		
*OPTIONAL – THIS INFORMATION IS USED FOR REPO	ORTING PURPOSES ONLY			
YOUR REASON FOR ENROLLING TRANSFER TO ANOTH	☐ DEGREE OR CERTIFICATE ER COLLEGE ☐ SKILLS FOR E			
I HAVE BEEN A RESIDENT OF MAINE SI		(for non-e	ducational	purposes)
ARE YOU A U.S. CITIZEN? YES	MONTH/YEAR	EOLUBED TO OLIALI	EV EOD INLSTAT	E TUITION
DO YOU HAVE A HIGH SCHOOL DIPLOI	_		T T OK IN STAT	ETOTION
REGISTRATION YEAR	TERM FALL	SPRING		SUMMER
COURSE COURSE CODE NUMBER SECTION	COURSE TITLE	CREDITS	A AUDIT R REPEAT	OFFICIAI USE

STUDENT SIGNATURE



In Service Since 1948

Program Billing Procedure

In the past, MFSI has collected payment for programs and courses at the time of registration. However, 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 after 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 (no	at candidate).		
Eman address of phone number of payer (no	r candidatej.		

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 billing questions, please contact Nancy Russell at nrussell@smccme.edu.

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







