|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SANTA CRUZ COUNTY FIRE DEPARTMENT  **VOLUNTEER TRAINING REQUEST**  TR-7 (11/21) | | | | | | | | | |
| **PART A** **VOLUNTEER TO COMPLETE** | | | | | | | | | |
| NAME: | | | | RANK/CLASSIFICATION : | | | | DATE: | |
| COMPANY: | | | | STATION: | | | | PHONE NUMBER: | |
| INTERNET EMAIL ADDRESS: | | | | CITY: | | | | ZIP CODE: | |
| TRAINING PROVIDER: | | | | DISABILITY ACCOMMODATION? | | | | FAX NUMBER: | |
| COURSE TITLE: | | | | LOCATION OF TRAINING: | | | | | |
| TRAINING DATES REQUESTED: | | | | CHECK HERE TO ENROLL IN NEXT AVAILABLE CLASS  [     ] | | | | | |
| **TRAINING COSTS:** | | | | AMOUNT | | | **No cost for travel**  **No cost for training** | | |
| TRAVEL AND PER DIEM | | | |  | | |
| TUITION AND BOOKS | | | |  | | |
| TOTAL COST | | | |  | | |
| **TRAINING HOURS:** | | VOLUNTEER TIME: | | COUNTY FIRE TIME: | | | TOTAL TIME: | | |
| **REASON FOR TRAINING:** | | | | | | | | | |
| **PART B** **BATTALION CHIEF (BC) TO COMPLETE** | | | | | | | | | |
| THE TRAINING CATEGORY AND REIMBURSEMENT LEVEL ARE (CHECK ONE) | | | | | | | | | | |
| JOB-REQUIRED | "Job-required training is designed to assure adequate performance in a current assignment. This includes orientation training, training made necessary by new assignments or new technology, refresher training for maintenance of ongoing programs, safety training, and training mandated by law or other authority." | | | | | | | | | |
| JOB RELATED | "Job-related training is designed to increase job proficiency or improve performance above the acceptable level of competency established for a specific job assignment." | | | | | | | | | |
| If the *reimbursement listed above is in conflict with the SCCO Volunteer Handbook, the handbook shall be controlling*. | | | | | | | | | | |
| **BC APPROVAL RECOMMENDED** | | | | | **BC APPROVAL NOT RECOMMENDED** | | | | | |
| COMPANY OFFICER'S SIGNATURE: | | | TITLE: | | | PHONE NUMBER: | | | DATE: | |

|  |  |  |
| --- | --- | --- |
| **PART C** **TRAINING BATTALION CHIEF TO COMPLETE** | | |
| **TRAINING BC APPROVAL RECOMMENDED** | **TRAINING BC APPROVAL NOT RECOMMENDED** | |
| AUTHORIZED SIGNATURE: | TITLE: | DATE: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PART D** **VOLUNTEER TO COMPLETE AFTER TRAINING** | | | | | |
| ACTUAL EXPENSES | TO BE PAID BY VOLUNTEER | | TO BE PAID BY  COUNTY FIRE | | TOTALS |
| TRAVEL AND PER DIEM |  | |  | |  |
| TUITION AND BOOKS |  | |  | |  |
| Was this a distance learning type of training?  Yes  No  (i.e. self study, video, book, satellite, video conferencing, Computer Based Training, on-line training, correspondence course) | | Was the training identified on your Training Plan?  Yes  No | | Was the training a special project assignment designed specifically for you?  Yes  No | |
| Would you recommend this training to others?  Yes  No  Why? | | How was the training beneficial to you and to County Fire? | | | |
| SIGNATURE OF VOLUNTEER: | | FINAL GRADE RECEIVED  PASS  FAIL  INCOMPLETE | | | DATE: |

Upon completion, submit a copy of the approved TR-7 with your Travel Expense Claim form and all relevant receipts to the CZU Training Office, as dictated by policy. For additional information, refer to the SCCO Volunteer Handbook.

|  |  |  |
| --- | --- | --- |
| **PART E** **TRAINING OFFICER TO COMPLETE** | | |
| NAME OF TRAINING OFFICER: | DATE POSTED TO TRAINING RECORD: |

For County Fire sponsored training, the Volunteer must receive prior approval from the Training Battalion Chief to register, otherwise the Volunteer is responsible for registration with the training provider as well as travel or lodging arrangements.

If the Volunteer does not attend or complete the course, they must notify the CZU Training Office immediately.

Notification can be made to [CZUTraining@fire.ca.gov](mailto:CZUTraining@fire.ca.gov) or (831) 335-6745.