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| **Logo  Description automatically generated** | **SANTA CRUZ COUNTY FIRE DEPARTMENT**  **VOLUNTEER TRAINING REQUEST FOR ALLOCATED CLASSES**  TR-7 Training Multiple Request Form | | | | | | | | | | | |
| **PART A** **COMPANY OFFICER TO COMPLETE** | | | | | | | | | | To be completed by the Training Office | | |
| NAME:  **1.** | | | RANK: | | | | STUDENT EMAIL ADDRESSES | | | A | | D |
| **2.** | | |  | | | |  | | |  | |  |
| **3.** | | |  | | | |  | | |  | |  |
| **4.** | | |  | | | |  | | |  | |  |
| **5.** | | |  | | | |  | | |  | |  |
| **6.** | | |  | | | |  | | |  | |  |
| **7.** | | |  | | | |  | | |  | |  |
| **8.** | | |  | | | |  | | |  | |  |
| **9.** | | |  | | | |  | | |  | |  |
| **10.** | | |  | | | |  | | |  | |  |
| VOLUNTEER COMPANY NAME: | | | | | | | COMPANY OFFICER SUBMITTING NAMES: | | | | | |
| **CZU** COURSE TITLES FOR: ***VOLUNTEER TRAINEE (Entry Level Volunteer):*** | | | | | | | | COURSE DATES: | | | | |
| **EMS** COURSE TITLES FOR: ***VOLUNTEERS*** | | | | | | | |  | | | | |
| **ALL OTHER** COURSE TITLES FOR: ***VOLUNTEERS*** | | | | | | | |  | | | | |
| TRAINING PROVIDER: **CZU TRAINING** | | | | CHECK HERE TO ENROLL IN NEXT AVAILABLE CLASS: [] | | | | | | | | |
| **PART B** **BATTALION CHIEFS 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 State 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." | | | | | | | | |
| **BC APPROVAL RECOMMENDED** | | | | | | **BC APPROVAL NOT RECOMMENDED** | | | | | | |
| AUTHORIZED SIGNATURE: | | | | | | | | | DATE: | | | |
| **APPROVED BY TRAINING BATTALION CHIEEF**  *Those names checked “****A****” in PART A*  *have been approved for the above stated training.* | | | | | **DISAPPROVED BY TRAINING BATTALION CHIEF**  *Those names checked “****D****” in PART A*  *have not been approved for the above stated training.* | | | | | | | |
| AUTHORIZED SIGNATURE: | | | | | | | | | DATE: | | | |