

**LANCASTER COUNTY FIREMEN'S ASSOCIATION
PEQUEA LANE FIRE SCHOOL – BURN FACILITATOR APPLICATION**

NAME: _____ **AGE (COPY OF PROOF):** _____

ADDRESS: _____

PHONE NUMBER (HOME and/or CELL): _____

EMAIL ADDRESS: _____

MEMBER COMPANY: _____

NAME OF FIRE CHIEF: _____

PHONE NUMBER OF FIRE CHIEF: _____

IS MEMBER COVERED BY WORKER'S COMPENSATION? YES / NO

MONTH AND YEAR MEMBER STARTED IN THE FIRE SERVICE: _____

MINIMUM REQUIREMENTS:

**26 YEARS OF AGE & 8 YEARS EXPERIENCE INTERIOR FIREFIGHTER
INCIDENT SAFETY OFFICER
IFSAC/PRO-BOARD FIREFIGHTER 2 CERTIFICATION or
JOURNEYMAN STATUS FROM PA DEPT OF LABOR or
BASIC AND ADVANCED FIREFIGHTING/STRUCTURAL BURN SESSION or
ESSENTIALS OF FIREFIGHTING/STRUCTURAL BURN SESSION**

ATTACH COPY

I hereby declare that (name) _____ is a member in good standing with (fire company) _____, meets the minimum requirements, and is capable of handling the responsibilities of a burn facilitator for the LCFA Pequea Lane fire school. I have read and understand the live burn policy as set forth by the Lancaster County Firemen's Association and will abide by the rule and regulations as written.

FACILITATOR CANIDATE

FIRE CHIEF

DATE

DATE

INTERNAL USE ONLY

DATE RECEIVED:

ORIENTATION SEMINAR:

APPROVED BY LCFA BOARD: