



SOMERSET COUNTY

EMERGENCY SERVICES TRAINING ACADEMY

402 ROYCEFIELD ROAD, HILLSBOROUGH NJ 08844
PO BOX 3000, SOMERVILLE NJ 08876-1262
SomersetCountyNJ.gov
TrainingAcademy@SomersetCountyNJ.gov

**APPLICATION FOR
CATALOG OR
CONTRACT COURSE**

**SEPARATE APPLICATIONS ARE REQUIRED FOR EACH COURSE REQUESTED ALL
INFORMATION MUST BE TYPED OR PRINTED IN BLOCK LETTERS**

NAME OF COURSE REQUESTED:		COURSE NUMBER:	
COURSE DATE(S):		ALTERNATE DATE(S):	
FIRE DEPARTMENT/ORGANIZATION NAME:			
ADDRESS FOR INVOICING:			
CONTACT NAME:		EMAIL ADDRESS:	
TOTAL NUMBER OF PARTICIPANTS ATTENDING TRAINING: <i>*Please list, on reverse side, the names of the individuals attending the course.</i>			
• ENROLLMENT ELIGIBILITY: <ul style="list-style-type: none">• ONLY THOSE APPLICANTS MEETING COURSE PREREQUISITES LISTED IN THE ACADEMY COURSE CATALOG WILL BE ACCEPTED.• STUDENTS MUST BE PREPARED TO TAKE NOTES AND RECEIVE HANDOUTS FOR BOTH INDOOR AND OUTDOOR PROGRAMS.			
• DRESS REQUIREMENTS: <ul style="list-style-type: none">• OUTDOOR PROGRAMS:<ol style="list-style-type: none">1. CUTOFFS, SHORTS, OR OPEN TOE FOOTWEAR ARE NOT PERMITTED.2. ALL PROTECTIVE CLOTHING MUST MEET O.S.H.A. REQUIREMENTS (29 CFR 1910.156).3. FOR ALL COURSES THAT REQUIRE AN SCBA, IT SHALL BE THE STUDENTS RESPONSIBILITY TO PROVIDE THEIR OWN EQUIPMENT IN GOOD WORKING ORDER.4. NO STUDENT SHALL BE PERMITTED TO ATTEND ANY COURSE WHICH REQUIRES THE USE OF SCBA IF THEY HAVE EXCESSIVE FACIAL HAIR (O.S.H.A. 29 CFR 1910.134 & N.F.P.A. 1500 SEC 5-3.10).• INDOOR PROGRAMS:<ol style="list-style-type: none">1. CUTOFFS, SHORTS, OR OPEN TOE FOOTWEAR ARE NOT PERMITTED.2. CASUAL BUT NEAT CLOTHING IS PERMITTED.			
• HOLD HARMLESS AND INDEMNIFICATION: <p>THE UNDERSIGNED UNDERSTANDS AND ACKNOWLEDGES THAT THIS HOLD HARMLESS AND INDEMNIFICATION AGREEMENT REQUIRES THAT THE SCESTA, ITS INSTRUCTORS, EMPLOYEES AND VOLUNTEERS BE INDEMNIFIED AND HELD HARMLESS FOR ANY AND ALL LIABILITY, INJURIES, CLAIMS, COSTS, SUITS, CAUSES OF ACTIONS, JUDGMENTS OR DAMAGES SUSTAINED BY THE SCESTA OR ANY OTHER PERSON OR PERSONS FOR BODILY INJURY AND FOR INJURY TO OR LOSS OF PROPERTY, RESULTING FROM OR ARISING OUT OF THE CONDUCT OR NEGLIGENCE OF THE OUTSIDE ORGANIZATION, STUDENT OR INDIVIDUAL ATTENDING THE EVENT REFERRED TO IN THIS AGREEMENT, EXCEPT AS SUCH LIABILITY, INJURIES, CLAIMS, COSTS, SUITS, CAUSES OF ACTIONS, JUDGMENTS OR DAMAGES ARE CAUSED BY THE NEGLIGENCE OF THE COUNTY, SCESTA OR THEIR INSTRUCTORS, EMPLOYEES OR VOLUNTEERS.</p> <p>THE UNDERSIGNED MUST FURNISH SCESTA WITH A CERTIFICATE OF INSURANCE NAMING SOMERSET COUNTY AND SCESTA AS AN ADDITIONAL INSURED AND THE MINIMUM LIMIT OF COMMERCIAL GENERAL LIABILITY SHALL BE \$1 MILLION PER OCCURRENCE AND \$1 MILLION AGGREGATE FOR BODILY INJURY AND PROPERTY DAMAGE. STATUTORY WORKERS' COMPENSATION COVERAGE SHALL BE PROVIDED IN ACCORDANCE WITH THE REQUIREMENTS OF THE LAWS OF THIS STATE. IF <u>NOT</u> ASSOCIATED WITH AN ORGANIZATION, I CERTIFY THAT I AM COVERED BY HOMEOWNERS PERSONAL LIABILITY INSURANCE, AN INDICATED BY A COPY OF INSURANCE ATTACHED.</p>			
SIGNATURE OF ORGANIZATION TRAINING LIAISON OR INDIVIDUAL:			
THE ABOVE CONDITIONS ARE UNDERSTOOD. APPLICATION IS AUTHORIZED BY:			
PRINT NAME HERE:		SIGNATURE:	
DATE OF APPLICATION:		TITLE/RANK:	
*CANCELLATIONS MUST BE SUBMITTED IN WRITING AT LEAST ONE (1) WEEK PRIOR TO TRAINING		PHONE:	
FOR OFFICE USE ONLY	CHECK NUMBER:	TOTAL AMOUNT:	DATE:

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