

Youth Firesetting Prevention and Intervention Specialist Level I

October 24 and 25, 2016

Middlesex County Fire Academy
1001 Fire Academy Drive
Sayreville, NJ 08872

Conference details and registration available September 2, 2016 at www.keanfiresafety.com.

This two-day course covers the job performance requirements of a Youth Firesetting Prevention and Intervention Specialist Level I as detailed in the National Fire Protection Association Standard 1035. The course is designed for the person who is responsible or will be responsible for leading a Youth Firesetting Prevention and Intervention Program.

Material covered:

- The difference between the titles Youth Firesetting Prevention and Intervention Specialist I and Youth Firesetting Prevention and Interventions Specialist II. A YFIP2 will manage or run the program; a YFIP 1 will screen and provide life safety education and work with the YFPI 2 who runs the program.
- Summarize the job performance requirements as detailed in NFPA Standard 1035
- Develop a youth firesetting prevention and intervention program in their own community
- Demonstrate how to evaluate a youth firesetting prevention and intervention program

Instructors:

Captain Helge Nordtveit (Ret.)

Cranford Fire Department and Middlesex County Firewatch Program

Joe Ehrhardt

Middlesex County Firewatch Program, Fire & Life Safety Educator, Hamilton Twp. Fire District #7

Cost: \$60.00 **Time:** 8:00a.m. to 4:30p.m.

Please complete registration forms and mail to:

Kean University
Fire Safety Training Program
Attn: Jolene Steele
1000 Morris Ave, L-145 Union, NJ 07083
(908) 737-0230

Registration Deadline October 11, 2016

SPACE IS LIMITED

**NO PURCHASE ORDERS OR CREDIT/DEBIT CARDS ACCEPTED. ALL PAYMENTS
MUST BE MADE IN ADVANCE OF THE CLASS. PAYMENT MUST BE INCLUDED
WITH THE REGISTRATION FORM BY OCTOBER 11, 2016**

MAKE CHECKS PAYABLE TO KEAN UNIVERSITY

**Confirmation of registration receipt will be emailed to the email address you include
below. Please get a tracking number when you mail your registration. If you do not receive
an email confirmation within 3 business days of delivery,
please call our office at 908-737-3060.**

Please complete the following registration form and include it with your check or money order:

Name _____

Address _____

City _____ **St** _____ **Zip** _____

Phone number _____

Email address _____

DFS ID _____

**In order to receive FEMA credit for the course, students are required to
obtain a FEMA student ID number. Please visit <https://cdp.dhs.gov/femasid/>
to request a new ID# or to retrieve an existing ID. Use your ID to complete the
following form.**

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
GENERAL ADMISSIONS APPLICATION SHORT FORM

See Reverse for
 Privacy Act Statement

O.M.B. No. 1660-0100
Expires November 30, 2016

SECTION I - GENERAL INFORMATION

1. DATE OF BIRTH (Mo, Day, Yr.)		2. GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		3. U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PERMANENT RESIDENT		If No, City and Country of Birth:	
4. RACE (Please check all that apply) 1. <input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE 2. <input type="checkbox"/> ASIAN 3. <input type="checkbox"/> BLACK or AFRICAN AMERICAN 4. <input type="checkbox"/> WHITE 5. <input type="checkbox"/> NATIVE HAWAIIAN or PACIFIC ISLANDER						4a. ETHNICITY <input type="checkbox"/> HISPANIC or LATINO <input type="checkbox"/> NOT HISPANIC or LATINO	
5. PLEASE PRINT YOUR NAME (Last, First, Middle, Suffix)						6. STUDENT IDENTIFICATION (SID) NUMBER	
7. HOME MAILING ADDRESS (Street, avenue, road no., P.O. box/city or town, and zip code)				8. Work Phone Number: _____			
				9. Home Phone Number: _____			
				10. FAX Number: _____			
				11. E-MAIL ADDRESS _____			
12a. ENTER COURSE CODE AND TITLE				12b. COURSE LOCATION		12c. DATE	
13. DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL CONSIDERATION DURING YOUR ATTENDANCE IN TRAINING? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, indicate & describe any special considerations required on a separate sheet)							

SECTION II - EMPLOYMENT INFORMATION

14a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED			14b. NFIRS # (NFA ONLY)	15. CURRENT POSITION AND NUMBER OF YEARS IN POSITION	
16. CHECK THE BOX(ES) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION			16b. ORGANIZATION		16c. CURRENT STATUS
16a. JURISDICTION 1. <input type="checkbox"/> STATEWIDE 4. <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP 7. <input type="checkbox"/> FOREIGN 2. <input type="checkbox"/> COUNTY GOVERNMENT 5. <input type="checkbox"/> FEDERAL/MILITARY (non-DHS) 8. <input type="checkbox"/> DHS/FEMA 3. <input type="checkbox"/> CITY/TOWN/VILLAGE 6. <input type="checkbox"/> INDUSTRY/BUSINESS 9. <input type="checkbox"/> TRIBAL NATION			1. <input type="checkbox"/> ALL CAREER 2. <input type="checkbox"/> ALL VOLUNTEER 3. <input type="checkbox"/> COMBINATION		1. <input type="checkbox"/> PAID FULL TIME 2. <input type="checkbox"/> PAID PART TIME 3. <input type="checkbox"/> VOLUNTEER 4. <input type="checkbox"/> DISASTER RESERVIST

SECTION III - ENDORSEMENT AND CERTIFICATION

17a. I certify that the information recorded on this application is correct. Falsification of information will result in denial of a course certificate and stipend (U.S.C. 1001).
 17b. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge, or designee, of my organization. All requests for information shall be in writing from said chief officer or designee.
 17c. Further, I understand that the National Emergency Training Center (NETC), the Mt. Weather Emergency Operations Center (MWEOC), and the Noble Training Facility (NTF) are not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.
 17d. I agree to abide by the rules, policies, and regulations of NETC, MWEOC and NTF. Failure to do so will result in denial of the student stipend, expulsion from the course, and possible barring from future National Fire Academy (NFA) and Emergency Management Institute (EMI) courses.

18a. SIGNATURE OF APPLICANT		18b. DATE
19. APPROVAL BY THE HEAD OF THE SPONSORING ORGANIZATION (NOT REQUIRED FOR SELF STUDY PROGRAMS)		
By signing this application, I certify that my organization does not discriminate on the basis of age, gender, race, color, religious belief, national origin, economic status, or disability in providing educational opportunities for its employees.		
19a. SIGNATURE	19b. PRINTED NAME AND TITLE	19c. DATE
20. ADDITIONAL ENDORSEMENTS FOR APPLICATION TO THE EMERGENCY MANAGEMENT INSTITUTE (NOT REQUIRED FOR SELF STUDY PROGRAMS)		
20a. SIGNATURE AND DATE (State Office)		20b. SIGNATURE AND DATE (FEMA Regional Office)
21. SUBMIT APPLICATION TO APPROPRIATE SPONSOR		

22a. DISPOSITION

ACCEPTED REJECTED

22b. SIGNATURE OF REVIEWER

22c. DATE

EQUAL OPPORTUNITY STATEMENT

NFA and EMI are Equal Opportunity institutions. They do not discriminate on the basis of age, gender, race, color, religious belief, national origin, or disability in their admissions and student-related procedures. Both schools make every effort to ensure equitable representation of minorities and women in their student bodies. Qualified minority and women candidates are encouraged to apply for all courses.

PRIVACY ACT STATEMENT

GENERAL - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), Title 5 United States Code (U.S.C.), Section 552a, for individuals applying for admission to NFA Or EMI.

AUTHORITY - Federal Fire Prevention and Control Act of 1974, as amended, Title 15 U.S.C., Sections 2201 et. seq.; Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, Title 42 U.S.C., Sections 5121, et. seq.; Title 44 U.S.C. Section 3101; Executive Orders 12127, 12148, and 9397; Title VI of the Civil Rights Act of 1964; and Section 504 of the Rehabilitation Act of 1973.

PURPOSES: To determine eligibility for participation in NFA and EMI courses. Information such as age, gender, and ancestral heritage are used for statistical purposes only.

USES: Information may be released to: 1) FEMA staff to analyze application and enrollment patterns for specific courses, and to respond to student inquiries; 2) a physician to provide medical assistance to students who become ill or are injured during courses; 3) Members of the Board of Visitors for the purpose of evaluating programmatic statistics; 4) sponsoring states, local officials, or state agencies to update/evaluate statistics of NFA and EMI participants; 5) Members of Congress seeking first party information; and 6) Agency training program contractors and computer centers performing administrative functions.

EFFECTS OF NONDISCLOSURE - Personal information is provided on a voluntary basis. Failure to provide information on this form, however, may result in a delay in processing your application and/or certifying completion of the course.

PAPERWORK BURDEN DISCLOSURE NOTICE

*Public reporting burden for this data collection is estimated to average 6 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0100) **NOTE: Do not send your completed form to this address.***