



Emergency Services – Basic Operations Firefighter Sponsorship Form

Section 1---Applicant/Student

To be completed by applying student

Applicant/Student Information				
Last Name:		First Name:		MI:
Address:				
City:		State:		Zip Code:
ECC Student ID:		Date of Birth:	<u> </u> / <u> </u> / <u> </u> mm dd yyyy	Illinois Driver's License #:
Primary Phone	<u> </u> - <u> </u> - <u> </u>	Email		

Fire Department/Brigade Information				
Fire Chief Name:				
Employing Fire Department Name:				
Address:				
City		State:		Zip Code:

Program Requirements

Basic Operations Firefighters BVS program requires that a student must be engaged in firefighting and a member of an organized Illinois fire department or Fire Brigade and employed by a fire department with appropriate sponsorship, insurance coverage, and an Illinois State Driver's License. Students must be an active member of a firefighter organization in Illinois fire department as a fire protection person according to the Act, as attested to by the employing Fire Chief of the individual seeking certification (required for FSS110, 111, 112, 113, & 202. Student must provide National Fire Protection Association (NFPA) compliant protection clothing and self-contained breathing apparatus (SCBA) in accordance with NFPA safety standards. Students must be clean-shaven. (Per the current Office of the State Fire Marshal Illinois Administrative code 141.300-a)

Student Statement of Completion:	
I have read all the requirements necessary to participate in an Elgin Community College Basic Operations Firefighter Program. I understand that I will not be permitted to attend classroom lectures or practical basic operations firefighting training if any of the information on this form is inaccurate or untrue.	
Student Signature:	Date: <u> </u> / <u> </u> / <u> </u> mm dd yyyy
Printed Name:	

Turn completed form into:

ECC Center for Emergency Services
Director of Academic Programming & Public Safety Training
Fire Science & Safety Office—BA-100
815 East Plank Rd, Burlington, IL 60109



Fire Science & Safety – Basic Operations Firefighter Sponsorship Form

Section 2---Fire Chief Sponsorship

To be completed by sponsoring fire department's fire chief

The applying student MUST meet ALL of the following requirements				
Please check 'yes' or 'no'		Requirements	Initials	Date
Yes	No			
<input type="checkbox"/>	<input type="checkbox"/>	Applicant/student is employed either part-time or full-time at the above listed fire department and/or brigade AND is an active member of that firefighting organization.		____/____/____ mm dd yyyy
<input type="checkbox"/>	<input type="checkbox"/>	Applicant/student is sponsored by the employing fire department and/or brigade AND is insured under the same employing firefighting organization during their time while engaged in BOF practical training.		____/____/____ mm dd yyyy
<input type="checkbox"/>	<input type="checkbox"/>	Applicant/student has (through the employing fire department and/or brigade) the appropriate protective clothing in compliance with NFPA 1851 for use during BOF practical training.		____/____/____ mm dd yyyy
<input type="checkbox"/>	<input type="checkbox"/>	Applicant/student has (through the employing fire department and/or brigade) the appropriate SBCA in compliance with NFPA 1852 for use during BOF practical training.		____/____/____ mm dd yyyy

Fire Chief Verification of Sponsorship
I certify that the student (name) _____ has met all the requirements listed above. As the fire chief of employing firefighting department and/or brigade, I attest that the above listed applicant/student is approved to enter ECC's Basic Operations Firefighter Program.

Sponsoring Fire Department/Fire Chief Information				
Signature:				Date: _____ mm dd yyyy
Printed Name:				
Fire Department Name				
Address:				
City:		State:		Zip Code:
Primary Phone:		Email:		
Office stamp or attach business card:				