

**REQUEST FOR USE OF EMERGENCY SERVICES TRAINING ACADEMY**

Fax completed and signed form to 717.218.2950 Attn: Resources Coordinator

**Part 1: DEPARTMENT / ORGANIZATION INFORMATION**

Requesting Department: \_\_\_\_\_

Chief: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Training Officers \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Coverage On File:  Yes  No Attached:  Yes  No

**Part 2: TRAINING INFORMATION**

Requested Dates: \_\_\_\_\_ Requested Times: \_\_\_\_\_

\_\_\_\_\_ Requested Times: \_\_\_\_\_

\_\_\_\_\_ Requested Times: \_\_\_\_\_

\_\_\_\_\_ Requested Times: \_\_\_\_\_

\_\_\_\_\_ Requested Times: \_\_\_\_\_

Type of Training and Facility Requested \_\_\_\_\_

Training Instructors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Number of Participants: \_\_\_\_\_ Number of Safety Personnel: \_\_\_\_\_

Name of Safety Officer: \_\_\_\_\_

Name of Safety Personnel: \_\_\_\_\_

Name of Safety Personnel: \_\_\_\_\_

Name of Safety Personnel: \_\_\_\_\_

Other departments/organizations participating:  Yes  No

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**IMPORTANT:** Cumberland County is NOT responsible for any accidents or injuries incurred during training operations. However, ANY personnel damaging any part of the training grounds and/or buildings/structures at the training grounds will be held responsible for said damages.

**Part 3: Requesting Department Authorization**

Date: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**Part 4: Requesting Processing**

Date Received by Emer Mgt Resource Coordinator: \_\_\_\_\_ Date of Acknowledgement: \_\_\_\_\_

Request Approved:  Yes  No Reason: \_\_\_\_\_

Coordination for Keys/Access: \_\_\_\_\_

Emer Mgt Resource Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_