



PRIDE

# Chisholm Trail Fire Rescue

9835 FM 1854  
Dale, Texas 78616

*"The Few Dedicated To Many."*

COMMITMENT



SERVICE

## SPECIALIZED TRAINING REQUEST

Date of Request: \_\_\_\_\_

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

Location of Training: \_\_\_\_\_

Sponsoring Facility or Presenter: \_\_\_\_\_

Length of Training: From: \_\_\_\_\_ Thru: \_\_\_\_\_

Subject/Topic: \_\_\_\_\_

Please describe how this class will benefit the department: \_\_\_\_\_

The member will be responsible for the following:

1. Submit this request and a copy of all registration information regarding the class to your Company Officer at least three weeks prior to the desired training date.
2. Find a place to stay if outside 100 mile radius of Niederwald, Texas.
3. Sign or comply with all Training Officer Requirements.

Agreement: I understand that I am being authorized to represent Chisholm Trail Fire Rescue. I understand I am ultimately responsible to register completely and comply with all course requirements as well as potentially sign a Training Agreement. I agree to conduct myself in a professional manner that is also accordance with the Chisholm Trail Fire rescue Constitution, By-Laws, and Employee Handbook. I agree to upon completion of the course turn in proof of attendance/certificate of completion and all requested receipts.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Division Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Training Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Is there a need for a Training Agreement to be signed by the Member? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this require Chisholm Trail Fire Rescue Training funds? Yes \_\_\_\_\_ No \_\_\_\_\_

Department Administrator Approval: \_\_\_\_\_

Funding Allocation: \_\_\_\_\_ PO Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

Member Notified of Request status: \_\_\_\_\_ Date: \_\_\_\_\_



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## GOOD FAITH TRAINING AGREEMENT

To: The officers and Membership of Chisholm Trail Fire Rescue

From: \_\_\_\_\_

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

Subject: Training Agreement

I \_\_\_\_\_, understand Chisholm Trail Fire Rescue and it's membership are allowing me to attend the requested training for \_\_\_\_\_, in order to better serve our community while volunteering for their agency. Chisholm Trail Fire Rescue has agreed to incur the cost of the training with the understanding between both parties that I have not only the obligation to represent Chisholm Trail Fire Rescue, its membership, and the citizens to whom it serves in a manner which is conducive of any Emergency Service Provider but also perform the duties I have been trained to perform for a period of \_\_\_\_\_ months after the initial receipt of certification. I further understand that if I violate this agreement I will be responsible for the debt incurred by Chisholm Trail Fire Rescue and its Board and at this governing body's leisure may authorize a release of this agreement under extenuating circumstances that present to be out of the normal control of the firefighter and will reimburse said department the full amount of the class. This amount may be repaid within 30 calendar days after notification of non-completion of class or termination of membership.

I have read and agree to the following terms set forth in this agreement:

Signature of Member: \_\_\_\_\_

Signature of Company Officer: \_\_\_\_\_

Department Training Officer: \_\_\_\_\_

Fire Department Administrator: \_\_\_\_\_