

Cape Fear Community College & Eastern Carolina Firefighters Association Public Safety College Registration Form

LAST NAME		FIRST NAME		MIDDLE NAME	
MAILING ADDRESS					
CITY			STATE	ZIP	COUNTY
SSN (REQUIRED FOR CERTIFICATION)		DATE OF BIRTH (mm/dd/yyyy)		GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
PHONE			EMAIL		
ETHNIC ORIGIN <input type="checkbox"/> HISPANIC/LATINO (HIS) <input type="checkbox"/> NON HISPANIC/LATINO (NHS)		RACE <input type="checkbox"/> AMERICAN/ALASKA NATIVE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN <input type="checkbox"/> HAWAIIAN/PACIFIC ISLANDER			
HIGHEST EDUCATION LEVEL (CHECK ONE) <input type="checkbox"/> NON-GRADUATE – ENTER HIGHEST GRADE COMPLETED 0-11 _____ <input type="checkbox"/> 12 HIGH SCHOOL GRADUATE <input type="checkbox"/> GED <input type="checkbox"/> 13 ADULT HIGH SCHOOL DIPLOMA <input type="checkbox"/> 14 ONE YEAR VOCATIONAL DIPLOMA			EMPLOYMENT STATUS: (CHECK ONE) <input type="checkbox"/> RETIRED (R) <input type="checkbox"/> EMPLOYED 11-20 Hours per week (E2) <input type="checkbox"/> UNEMPLOYED-Not Seeking Employment (UN) <input type="checkbox"/> EMPLOYED 21-39 Hours per week (E3) <input type="checkbox"/> UNEMPLOYED-Seeking Employment (US) <input type="checkbox"/> EMPLOYED 40 or more Hours per week (E4) <input type="checkbox"/> EMPLOYED 1-10 Hours per week (E1)		
JOB CLASSIFICATION (CHECK ONE) <input type="checkbox"/> FIREFIGHTER (VOL AGENCY) <input type="checkbox"/> EMERGENCY MGT. PERSONNEL <input type="checkbox"/> DETENTION OFFICER <input type="checkbox"/> FIREFIGHTER (COUNTY/STATE/MUNICIPAL AGENCY) <input type="checkbox"/> NAMED IN EOP <input type="checkbox"/> SPONSORED BLET <input type="checkbox"/> EMS RESPONDER (VOL AGENCY) <input type="checkbox"/> TELECOMMUNICATOR/DISPATCH <input type="checkbox"/> DACJJ CERTIFIED (LIST TITLE) _____ <input type="checkbox"/> EMS RESPONDER (COUNTY/STATE/MUNICIPAL AGENCY) <input type="checkbox"/> LE OFFICER <input type="checkbox"/> OTHER _____					
NAME OF PUBLIC SAFETY AGENCY/DEPARTMENT/TEAM (NO ABBREVIATIONS)					

<p>List the classes you would like to attend. We will place you in your first choice if it is available. Please note course prerequisites and/or requirements in course description. If stated, bring appropriate equipment.</p>		
	SECTION NUMBER	COURSE TITLE
1		
2		
3		

IF YOU WISH TO REGISTER FOR MORE THAN ONE CLASS, YOU MUST SUBMIT AN ADDITIONAL REGISTRATION FORM FOR EACH CLASS. THE SPACE FOR 2ND or 3RD CHOICE IS ONLY FOR STUDENTS TO INDICATE ANOTHER CHOICE IF THEIR FIRST CHOICE IS FULL.

My signature attests that I am actively affiliated with the public safety agency listed above and that I hold the job classification indicated. I understand CFCC may take my picture for purposes of promoting college-related classes and programs. I also understand that I will receive no compensation.	
SIGNATURE	DATE

Make checks payable to: **Cape Fear Community College**. Payment **MUST** accompany this form to reserve spot in class.

Return completed form along with payment to : Chris Nelson Cape Fear Community College/STC 4500 Blue Clay Road Castle Hayne, NC 28429	CFCC SECTION CHECK NUMBER
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