



Stafford County Fire and Rescue Department

APPLICATION FOR SPECIALIZED TRAINING

VOLUNTEER FORM



| | | | | | | |
|---|--|-----------------------|--|---|--|--|
| 1) Full Name (First Middle Last): | | 2) Position Title: | | 3) Station/Membership: Operational Administrative | | |
| 4) Employee Email: | | | 5) Employee Phone Number: | | | |
| 6) Employee Full Address (where reimbursement will be mailed): | | | | | | |
| 7) Title of Training Program/Course: | | | 8) Full Address of Training Location: | | | |
| 9) Method of Travel: County Vehicle Personal Vehicle Ride Share Other | | | 10) Describe Relation of Training to Position: | | | |
| 11) Start Date: | | 12) End Date: | | | | |
| 13) Per Diem Rate (if applicable): | | | | | | |
| 14) # of Full Days: | | 15) # of Travel Days: | | | | |
| Total Per Diem Requested: | | \$ | | AFTER APPROVAL: submit proof of registration and payment. AFTER TRAINING: submit the Weekly Expense Report along with all receipts for estimated expenses. Email all items to SCFRDADMIN@staffordcountyva.gov. | | |
| 16) Total Registration Fees: | | \$ | | Paid By Individual Paid By Station | | |
| 17) Estimated Lodging: | | \$ | | Paid By Individual Paid By Station | | |
| 18) Estimated Travel: | | \$ | | Paid By Individual Paid By Station | | |
| 19) Estimated Other: | | \$ | | Paid By Individual Paid By Station | | |
| TOTAL | | \$ | | | | |
| 20) Required Signatures: | | | Date Signed: | | | |
| <p>By signing this application, I agree to submit all required documents for reimbursement within 10 days of completed travel in accordance with Stafford County Human Resources Employee Travel Policy.</p> | | | | | | |
| Employee Signature <i>I certify that the trainee-applicant is an active employee/member and that funds are available to cover travel and/or training costs. I further certify that the training is necessary, of direct value to the County, and relevant to the employee's field of work; is limited to knowledge and skills that cannot be acquired in available in-service training; and covers subject matter not sufficiently or recently encompassed in the employee's previous education and experience or which the employee normally would not be expected to know prior to appointment to the present position.</i> | | | | | | |
| | | | Date Signed: | | | |
| | | | Approved | | | |
| | | | Denied | | | |
| Station Chief | | | <input type="checkbox"/> | | | |
| Station President | | | <input type="checkbox"/> | | | |
| Training Committee Chairperson | | | <input type="checkbox"/> | | | |
| County Fire Chief (For Out-of-State Travel Only) | | | <input type="checkbox"/> | | | |
| Notes (if any): _____ | | | | | | |
| Project Code: | | | Account #: | | | |

APPLICATIONS MUST BE SUBMITTED PRIOR TO TRAINING EVENT WITH ALL REQUIRED SUPPORTING DOCUMENTATION ATTACHED

Stafford County Fire and Rescue Department
APPLICATION FOR SPECIALIZED TRAINING INSTRUCTIONS
VOLUNTEER FORM

A) FILL OUT THE FORM (GRAY BOXES ARE FOR OFFICE USE ONLY):

- 1) Enter your full name (First Middle Last)
- 2) Enter your position title (ex. Firefighter/EMT, Lieutenant)
- 3) Enter your station and your membership type (operationally active or administrative)
- 4) Enter your email (one that you check often)
- 5) Enter your cell or home phone number (not your station number)
- 6) Enter your full mailing address (per diem and/or reimbursement checks will be mailed to this address)
- 7) Enter the title of the training program/course (as it is listed on the advertisement)
- 8) Enter the full address of the training location (this is how per diem is calculated)
- 9) Choose one or more method of travel (choose "Other" for airplane, train, or bus)
- 10) Briefly describe how this training relates to your position
- 11) Enter the start date of the event (if travelling, enter the start date of travel)
- 12) Enter the end date of the event (if travelling, enter the end date of travel)
- 13) **If requesting per diem (training is overnight or outside of a 75 mile radius):** enter the per diem rate for the class location (<https://www.gsa.gov/travel/plan-book/per-diem-rates>). Per diem will be calculated automatically after # of days are entered. Per Diem amounts may change if meals are included in registration.
- 14) Enter the number of full training days.
- 15) Enter the number of travel days.
- 16) Enter the total registration fees **and** choose how the fees will be paid
- 17) Enter the estimated lodging **and** choose how the fees will be paid
- 18) Enter the estimated travel **and** choose how the fees will be paid
- 19) Enter the estimated other (ex. books, parking) **and** choose how the fees will be paid

B) PRINT THE FORM AND THE TRAINING PROGRAM/COURSE FLYER OR ADVERTISEMENT. IF REQUESTING LODGING, MILEAGE OR OTHER, PRINT OUT SUPPORTING DOCUMENTATION WITH ESTIMATES.

- 20) Sign the form and enter the date you signed the form

C) HAVE YOUR STATION CHIEF **AND STATION PRESIDENT SIGN THE FORM. SCAN THE SIGNED FORM, THE TRAINING PROGRAM/COURSE FLYER OR ADVERTISEMENT, AND ANY OTHER SUPPORTING DOCUMENTATION AND EMAIL TO fratraining@staffordcountyva.gov. NO PAPER COPIES WILL BE ACCEPTED.**

D) YOU WILL RECEIVE AN EMAIL WITH THE COMPLETED FORM ATTACHED

- 1) If your training is approved:
 - a) register for the class, and submit proof of registration and receipt to your **Station Treasurer**
 - b) book hotel and travel (if needed), no further action needed until after training event concludes
- 2) If your training is not approved, no further action is needed

E) IF YOU WERE APPROVED FOR PER DIEM, THE CHECK WILL BE MAILED TO YOUR ADDRESS LISTED. THIS TAKES APPROXIMATELY 2 WEEKS TO BE PROCESSED AND MAILED.

F) ATTEND THE TRAINING

G) UPON RETURN, SUBMIT THE WEEKLY EXPENSE REPORT WITH ALL LODGING, TRAVEL, AND OTHER RECEIPTS TO YOUR **STATION TREASURER. THE WEEKLY EXPENSE REPORT CAN BE FOUND IN THE MEMBERS AREA OF THE SCFRD WEBSITE IN THE DOCUMENT SECTION.**