



Elgin Community College (ECC) • Center for Emergency Services (CES) Basic Operations Firefighter (BOF) Sponsorship Form

SECTION I: APPLICANT (RECRUIT) – To be completed by applicant/recruit

Applicant/Recruit Information

Last Name	First Name	Middle Initial
Street Address		
City	State	ZIP Code
Primary (10-digit) Phone Number	E-mail Address	ECC (7-digit) ID Number
Illinois Driver’s License Number	Date of Birth (MM/DD/YYYY)	

Fire Department/Brigade Information

Fire Chief Name	Fire Department	
Fire Department Street Address		
City	State	ZIP Code

PLEASE NOTE

Elgin Community College (ECC)’s Basic Operations Firefighter (BOF) Basic Vocational Specialist (BVS) program requires every applicant/recruit to be engaged in firefighting as a member of an organized Illinois fire department or brigade and be employed by a fire department with appropriate sponsorship, insurance coverage, and an Illinois (state) driver’s license to seek Office of the State Fire Marshal (OSFM) certification. The applicant/recruit must be an active member of a firefighter organization in an 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 FSS 110, 111, 112, 113, and 202). The applicant/recruit must provide protective clothing compliant with National Fire Protection Agency (NFPA) 1851 and a self-contained breathing apparatus (SCBA) in accordance with NFPA 1852. The applicant/recruit must be clean-shaven. (Per the current OSFM Illinois Administrative Code 141.300.a)

Applicant/Recruit Completion Statement

I, the undersigned, understand all requirements to participate in Elgin Community College (ECC)’s Basic Operations Firefighter (BOF) Basic Vocational Specialist (BVS) program; in addition, I understand I will not be allowed to attend classroom lectures or practice BOF training if any information on this form is false or inaccurate.

Handwritten Signature – An electronic signature is not acceptable

Printed Name	Date (MM/DD/YYYY)
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SECTION II: FIRE CHIEF SPONSORSHIP – To be completed by sponsoring fire department's fire chief

PLEASE NOTE

The applicant/recruit *must* meet *all* the following requirements; for each, please check **Yes** or **No**, initial, and date.

Yes	No	Requirement	Handwritten Initials	Date (MM/DD/YY)
		Applicant/recruit is employed either part-time or full-time at the above fire department/brigade <i>and</i> is an active member of that firefighting organization.		
		Applicant/recruit is sponsored by the employing fire department/brigade and is insured under the same firefighting organization while engaged in BOF practical training.		
		Applicant/recruit has (through the employing fire department/brigade) or will rent the appropriate protective clothing compliant with NFPA 1851 to use during BOF practical training.		
		Applicant/recruit has, through the employing fire department/brigade, the appropriate SCBA compliant with NFPA 1852 to use during BOF practical training.		

Fire Chief Sponsorship Verification

I certify that _____ (name of applicant/recruit) has met *all* requirements listed above. As fire chief of the employing fire department/brigade, I attest the applicant/recruit listed above is approved to participate in ECC's Basic Operations Firefighter (BOF) Basic Vocational Specialist (BVS) program.

Sponsoring Fire Chief/Department Information

Handwritten Signature – **An electronic signature is not acceptable**

Printed Name

Fire Department

Fire Department Street Address

City

State

ZIP Code

Primary (10-digit) Phone Number

E-mail Address

Office Stamp or (attach) Business Card

SECTION III: FORM SUBMISSION INSTRUCTIONS

Please submit this completed form to Senior Director Ron Two Bulls via one of the following methods:

IN PERSON	MAIL	E-MAIL
Ron Two Bulls Elgin Community College Center for Emergency Services 815 East Plank Road Burlington, IL 60109 Building BA, Room BA-100.01	Elgin Community College Center for Emergency Services 815 East Plank Road Burlington, IL 60109 ATTN: Ron Two Bulls Building BA, Room BA-100.01	rtwobulls@elgin.edu

SECTION IV: APPROVAL/DENIAL – To be completed by ECC CES Senior Director

Approval or Denial (check one)	APPROVED	DENIED
Handwritten Signature	Date (MM/DD/YY)	
Denial Reason (if applicable)		