

**EL CAMINO COLLEGE FIRE ACADEMY IN-
SERVICE & SPONSORSHIP VERIFICATION**

I hereby certify that _____ is a bonafide:

IN-SERVICE RECRUIT

_____ Fully paid member of a government or industrial fire protection or fire prevention agency. I also certify that this individual will be provided with worker's compensation insurance by my agency for any injuries suffered during the course of the fire academy.

_____ Current EMT certification or completed a certified EMT course.

SPONSORED RECRUIT

_____ Sponsored recruit of a department which has completed:

_____ EMT or National Registry

_____ Introduction to Fire Protection Organization and Building Construction for Fire Protection classes.

Fire Chief' Signature: _____ Date: _____

Chief's Printed Name: _____ Phone Number: _____

Fire Department: _____