



**Clay County
Department of Public Safety
Volunteer Firefighter Division**

www.claycountyfirerescue.org

DATE: _____

VOLUNTEER: _____

CLASS: _____

I hereby acknowledge that Clay County Fire Rescue is providing funding for me to attend the above class.

I hereby acknowledge that if I do not attend this class or do not complete this class I will reimburse Clay County Fire Rescue for the cost of the class.

I hereby acknowledge that if I do not remain a Volunteer in good status (fully compliant with SOP 913.0, Minimum Participation) for a period of six (6) months from the end of the class or I will reimburse the Clay County Fire Rescue Department for the cost of the class.

SIGN NAME: _____

1 Doctors Drive
Green Cove Springs, Florida 32043
904-284-7703

9/26/2007