

# ILLINOIS FIRE SERVICE INSTITUTE REQUEST FOR TRAINING – CORNERSTONE PROGRAM

Please complete all fields. Print clearly.

## ILLINOIS FIRE SERVICE INSTITUTE

11 GERTY DRIVE  
CHAMPAIGN, IL 61820  
PH: 217.333.3800  
TF: 800.437.5819  
FAX: 217.244.6790

\_\_\_\_\_  
Name of Regional Representative requesting training

\_\_\_\_\_  
Region

\_\_\_\_\_  
Sponsoring Fire Department/Fire District/Agency/Organization

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
County

\_\_\_\_\_  
Physical Address of where the training will take place

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
County

Contact Person (including rank/title): \_\_\_\_\_

Contact's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Chief or Training Officer (please circle one and list name): \_\_\_\_\_

Officer's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Indicate your 1st, 2nd and 3rd choices for preferred start and end dates (and times) for the requested class.  
Confirmed dates will be arranged between the instructor(s) and host department.

Class Requested: \_\_\_\_\_  Instructor(s) has been pre-arranged for these date choices.

	Start Date (MM/DD/YYYY):	End Date (MM/DD/YYYY):	Time:	Instructor(s) Requested:
Option 1:				
Option 2:				
Option 3:				

### Making the Request for Training is Quick and Simple

- **Request Forms.** A separate "Request for Training – Cornerstone Program" is required for each requested class. Additional copies of the form are available on the IFSI website at [www.fsi.illinois.edu](http://www.fsi.illinois.edu) or from a Regional Representative.
- **Fill in all blanks.** Complete as much information as possible. E-mail addresses and phone numbers where personnel are regularly available are essential for rapid response, processing and scheduling.
- **Date choices.** A range of class date choices will increase the probability of instructors being available. Choices should include all dates and times for the class.
- **Confirming a Cornerstone Class: Upon receipt of a request, your request is logged and forwarded to the Regional Representative. An instructor is arranged and the dates are confirmed.** A Memorandum of Agreement (MOA) is mailed to the contact person listed on the request form. **Classes will not be delivered unless there is a signed Memorandum of Agreement returned and on file 30 days prior to the first day of class.**
- **Choice of classes.** A complete list of available classes is on the reverse side of this form. Check only one class per form.
- **Mail or fax the completed form to the Illinois Fire Service Institute – 11 Gerty Drive, Champaign, IL 61820 | 217.244.6790**
- **"Instructor(s) Requested"** An instructor does not need to be specified. However, arranging a requested instructor is dependent on qualifications, location, and availability. A faster request processing turnaround time will occur when the instructor is contacted directly and class times and dates are pre-arranged by the requesting organization. Please indicate if the instructor has been pre-arranged by marking the box above the date choices.

### FOR OFFICE USE ONLY

Instructor Confirmed (Name/Date):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Org code (circle one): Funding:

305109 305113 Cornerstone \_\_\_\_\_  
305110 305114 IFSI \_\_\_\_\_  
305111 305115 IPERC \_\_\_\_\_  
305112 NFA \_\_\_\_\_  
Oil Well \_\_\_\_\_  
F.P. #: Ethanol\* \_\_\_\_\_  
Wildland \_\_\_\_\_  
Other \_\_\_\_\_