

TINTON FALLS FIRE DISTRICT #1



**Tinton Falls Fire District 1
Training Facility
Agreement Packet**

Updated May 2018

2 VOLUNTEER WAY • TINTON FALLS, NEW JERSEY • 07753
OFFICE PHONE: 732-493-1574 • FAX: 732-493-1579 • EMERGENCY 9-1-1
E-MAIL: COMMISSIONERS@TINTONFALLSFIREDISTRICT1.COM

Thank you for your interest in utilizing our state approved training facility.

To schedule your agency to use the Training Facility, please contact District Training Officer Jim Ogle at 718-594-0153 or via email at Training@tintonfallsfiredistrict1.com

To use the facility we require the following:

- A signed “**Agreement**” (attached) from each individual who will be utilizing the facility.
- A Certificate of Insurance from your agency or governing body listing “**Tinton Falls Fire District No. 1**” and “**Wayside Fire Company**” as additionally insured.
- A **Certified Level I Fire Instructor** or higher on-site during the training, if your agency does not have a Level I or II Instructor, we will provide one to be on site.
- A **written lesson plan** so that the training can be recognized by ISO and the Division of Fire Safety for drill credit.
- A **check/PO** or other payment method made out to “Tinton Falls Fire District 1” for the use of the facility at a rate of \$20 per hour.

All required documents must be provided prior to the scheduled date and time of the training. If required documents are not provided and a Level I/II instructor is not on-site the training will be canceled or the individuals missing documentation will not be allowed in the Training Facility.

Any questions can be directed to the Tinton Falls Fire District 1 Commissioners at 732-493-1574 or commissioners@tintonfallsfiredistrict1.com

The Commissioners of Tinton Falls Fire District No. 1

Training Facility Checklist

Date of Training: _____

Agency: _____

Agency Contact: _____

1. Did each participant fill out and sign an "Agreement"?

Yes _____

No _____

2. Has a Certificate of Insurance been provided listing "Tinton Falls Fire District No. 1 and Wayside Fire Company" as additionally insured?

Yes _____

No _____

3. Will a Level I or II Instructor be on site during the training?

Yes _____

No _____

4. Has a copy of the Instructor's Certification been provided to the District?

Yes _____

No _____

5. Has a written lesson plan been provided for the training that will take place?

Yes _____

No _____

AGREEMENT

THIS AGREEMENT is made on this ____ day of _____, 20____,

by and between:

TINTON FALLS FIRE DISTRICT NO. 1
(hereinafter referred to as the “District”)

and

Name of Individual

WHEREAS, the District is the owner of property located at Tinton Falls Fire District No. 1 Firehouse, 2 Volunteer Way, Tinton Falls, NJ (hereinafter referred to as the “Property”); and,

WHEREAS, the above named individual wishes to utilize the Training Facility, made up of the SCBA Maze, Bailout and Forcible Entry Prop on said Property.

NOW, THEREFORE, in consideration of the mutual covenants and conditions hereinafter set forth the parties agree as follows:

1. The District has provided permission to the above named individual to utilize the Training Facility on the Property.
2. The above named individual will be responsible for any damage to the Property relative to the training conducted on the Property.
3. The above named individual will hold the District harmless from any claims that may result from the conducting of the training on the Property.
4. The above represents the entire agreement of the parties and may only be amended by mutual agreement in writing or as required by law.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seals on the date and year first written above.

ATTEST:

TINTON FALLS FIRE DISTRICT NO. 1

By:_____

ATTEST:

By:_____

*Signature of Individual or
Legal Guardian if under 18*

*Print name of Individual or Legal Guardian
if under 18*