

DCFD Training Agreement

I, _____, hereby agree to complete the following training on the listed dates:

(name of training course)

(date)

Course Fee Amount: \$_____

As part of this agreement, I understand that if I do not fully complete this course, I agree to refund the total course fees and all associated expenses within 30 days of the end of the scheduled training. If I fail to meet the terms of this agreement, I understand that I will face termination from the DeKalb County Fire Department by the Executive Committee.

Signature of DCFD Member: _____ Date:_____