

Kingsville Volunteer Fire-Rescue Company

Meetings, Trainings and Duties Entry Form

Date: _____

Authorization: _____

Meetings (MG):

Company
 Company Board
 Committee.....Name: _____
 BCVFA Name: _____
 Other Name: _____

Company Trainings (DH):

Title/Subject: _____ HOURS: _____
 Instructor: _____

Outside Trainings (TH):

(Include proof of attendance and successful completion of course/class)

BALTIMORE COUNTY FIRE/RESCUE ACADEMY
 COURSE TITLE: _____ HOURS: _____
 MFRI
 COURSE TITLE: _____ HOURS: _____
 MIEMSS
 COURSE TITLE: _____ HOURS: _____
 OTHER
 COURSE TITLE: _____ HOURS: _____
 LOCATION: _____

Duties (DU):

EQUIPMENT MAINTENANCE..... HOURS: _____
 STATION CHORES HOURS: _____
 FUNDRAISING HOURS: _____
 OTHER HOURS: _____

DESCRIPTION:

Sign-in:

LOSAP No.	Member Name	LOSAP No.	Member Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____