



Recruit Program
Registration Information
Phone: 979-458-2648

Please complete the following steps to initiate the registration process.

Print a hard copy and mail the signed copy of this entire packet to:

TEEX – ESTI
Recruit Program
Attention: Brandi Spitzenberger
PO Box 40006
College Station, TX 77842

NO ONE UNDER 18 YEARS OF AGE WILL BE ALLOWED TO REGISTER. Be sure to complete the age information on the following registration form.

Tuition: \$5400 (in US Funds)

THIS REGISTRATION IS NOT COMPLETE AND WILL NOT BE PROCESSED WITHOUT THE FOLLOWING:

- Color copy of driver's license
Color copy of passport (International students only)
Passport style color photo (2x2)
High school diploma, GED or college transcripts
EMT Basic completion (if applicable – Texas residents only)
Affidavit of Financial Support (International students only)

Preferred Class Dates:

Country of Citizenship: Country of Birth:

Student Requirements

- Students must hold a current valid driver's license throughout the course of the academy.
If your personal contact information changes at any time, it is your responsibility to contact us and update your information.
Random drug testing will be done at the discretion of the instructional staff.
Valid US address (International students only) – provide below

Address

City State Zip Code

Notice on Refunds and Cancellations

Your tuition amount for the recruit academy includes a \$500 deposit that is NON-REFUNDABLE. If you request a refund, \$500 will be kept by the academy regardless of when you submitted your request for refund.

I have read and understand the student requirements and notice on refunds and cancellations listed above.

Student Signature:

Date Signed:

Student Name (Print):



**Participant Information:**

*(Photocopies can be made for additional participants)*

Participant Legal Name (First name MI Last name) \_\_\_\_\_

TEEX Student ID\*\* (or Social Security Number\* or Social Insurance Number) \_\_\_\_\_

TCLEOSE / TCOLE PID# \_\_\_\_\_

TCFP FIDO# \_\_\_\_\_

FEMA SID# \_\_\_\_\_

**PERSONAL INFORMATION**

**COMPANY INFORMATION**

Address \_\_\_\_\_

Organization \_\_\_\_\_

City / County \_\_\_\_\_

Supervisor Name \_\_\_\_\_

State / Zip / Nation \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

City / County \_\_\_\_\_

Email \_\_\_\_\_

State / Zip / Nation \_\_\_\_\_

Date of Birth \_\_\_\_\_  
*(month / day / year) or (year) – see below*

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

*Full date of birth required from non-US students and any student taking a course where full date of birth is required to be provided for participation.  
 Contact the course point of contact if unsure.*

**AFFILIATION STATUS** (check all that apply)

- I am or will be at least 18 years old on the first day of class
- Male       Female

- Paid       Volunteer
- Industrial       Non-affiliated

**VETERAN?**       Yes       No

**Course Information:**

***Be sure to review the TEEX Transfer & Cancellation Policy on the back***

Course Number _____	Course name _____	Class Location _____	Class Date(s) _____	\$ _____	Class Fee
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\*Section 7(b) of the Privacy Act of 1975 (5 U.S.C. 552a) requires that when any federal, state, or local government requests an individual to disclose his or her social security account number (SSN), that individual also must be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited and what uses will be made of it. (Call 866-878-8900 for full privacy statement.)  
 \*\*New students will receive a student ID number from TEEX.

\*\*\*By sending your check, please be aware that you are authorizing the Texas A&M Engineering Extension Service (TEEX) to make a one-time electronic debit from your account at the financial institution on your check. This electronic debit will be for the amount of the check; no additional amount will be added to the amount and ALL transactions will remain secure. Please contact TEEX's Financial Services Department at (979) 458-6906 to learn about other payment options if you prefer NOT to have your check used this way. We value your business and appreciate your selecting TEEX for your training needs.

**Payment Information** — Advance registration is required. Payment must accompany registration. **TOTAL AMOUNT DUE: \$** \_\_\_\_\_

**Arrange payment by one of the following methods:**

1.  Check\*\*\* / Money Order / Cashier's Check enclosed payable to TEEX *(Please add course number, course name, and course date)*
2.  Purchase Order *(Copy of official and signed company PO must be attached. TEEX will send you an invoice.)*
3.  Credit Card (complete card information below)
4.  PIN-less DebitCard (complete card information below)

MasterCard     Visa     American Express     Discover

(Print) Name on Card \_\_\_\_\_

Last 4 Digits of card number: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_ Signature Date \_\_\_\_\_

FOR CUSTOMER SECURITY: REQUIRED INFORMATION BELOW WILL BE DESTROYED ONCE PAYMENT IS PROCESSED

CUT AND SHRED ALL BELOW

Credit Card Number: \_\_\_\_\_

CUT AND SHRED ALL BELOW

Expiration Date: \_\_\_\_\_

## GENERAL RELEASE INFORMATION

### **REQUIRED FOR PARTICIPATION**

#### General Liability Statement

In consideration for receiving permission to participate in the foregoing course sponsored by the Texas A&M Engineering Extension Service (TEEX), a member of The Texas A&M University System (TAMUS), I hereby **FULLY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS**, for any and all purposes, TEEX, TAMUS, the Board of Regents of TAMUS, and their respective officers, servants, agents, volunteers and employees (collectively, the "Released Parties"), of and from any and all liability to me, my personal representatives, assigns, heirs and next of kin, for any damage to or loss of my property, any injury to my person, including death, arising directly or indirectly out of my participation in the Course, **INCLUDING ANY SUCH DAMAGE, LOSS OR INJURY THAT IS CAUSED BY ANY ACT OR OMISSION ON THE PART OF THE RELEASED PARTIES**. I further agree to **INDEMNIFY, DEFEND, AND HOLD HARMLESS** the Released Parties for, from, and against any and all liabilities, damages, claims, lawsuits, costs (including court costs, attorneys' fees and costs of investigation), and actions of any kind or description for any damage to or loss of property or injury to persons, including death, arising out of the Course or my participation in the Course, **INCLUDING ANY DAMAGE, LOSS OR INJURY CAUSED BY ANY ACT OR OMISSION ON THE PART OF THE RELEASED PARTIES, INCLUDING ANY NEGLIGENT CONDUCT OF THE RELEASED PARTIES** but excluding any gross negligence or willful misconduct of the Released Parties.

By execution below I hereby acknowledge that there are inherent risks involved in this Course and I recognize and assume all of the risks associated with participation in the Course. **I ACKNOWLEDGE THAT IT IS IMPORTANT THAT I VERIFY THAT I HAVE INSURANCE COVERAGE WHICH EXTENDS TO ME WHILE PARTICIPATING IN THE COURSE, AND THAT I SECURE SUCH COVERAGE IF I DO NOT ALREADY HAVE IT.** I understand that TEEX does not provide such coverage, and that no insurance coverage may exist through TEEX to cover any injuries or damages which I may sustain or claims which may arise as a result of my participation in the Course.

#### Non-Discrimination Statement

No individual will, on the basis of race, color, sex, religion, national origin, age, or disability, be excluded from participation in, or be denied the benefit of, or be subjected to discrimination under any System program or activity. If you, as a student do feel that you have been discriminated against, please contact TEEX's Human Resources Office at 979-458-6801 or at [HR@teex.tamu.edu](mailto:HR@teex.tamu.edu).

#### Media Release

Occasionally TEEX training is photographed and/or videotaped for marketing and promotional purposes. If such a need should occur, the instructor will notify the class and you will have the opportunity to opt-out of participation. Otherwise, your participation grants TEEX the right to use any and all photographs or video taken during training for the purposes of marketing or promotion.

#### \*Privacy Act and Policy

All participants of TEEX courses, technical assistance, and exercises are advised that disclosure of a full Social Security Number (SSN) is optional unless required for reporting purposes by the participant's occupation's certifying organization or a grant/contract sponsor. The SSN is used to maintain accurate participant training records and to reliably report such data to supervisors or other agencies. A participant SSN will not be disclosed to any other person(s) without the participant's prior written consent.

Section 559.003 of the *Texas Government Code* requires that all participants be informed that, with few exceptions, participants are entitled on request, to receive, review and correct any information collected by the use of this form. It is the policy of TEEX that all federal statutes will be followed pertaining to employment and recruitment of students without regard to race, sex, color, religion, national origin, age, or disability.

#### Acknowledgement

I acknowledge and represent that I have read the foregoing, understand it and sign it voluntarily as my free act and deed; no representations or statements have been made to me to induce me to execute this document. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

#### Release of Academic Record

I authorize the release of my academic records, including test scores, by TEEX to my sponsoring company or department for the purpose of verification of my attendance and completion of training provided by TEEX. Be advised, your certificate may be sent to your sponsoring company/department regardless of your response. **Select your response.**

**YES**       **NO**      **(If No, also complete the Student Release of Information Permission form)**  
 **NOT APPLICABLE (Not enrolling as part of a company or department)**

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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### **Transfer and Cancellation Policy**

If you cannot attend a class, you **MUST** contact the program representative of the course you registered for in advance to either transfer or cancel your registration. Please refer to the Transfer, Cancellation, Refund and No-Show Policies below.

#### Transfers:

Transfers to another scheduled class (or from one customer to another) are accepted at any time before the start of the class at no charge. Customers are encouraged to transfer to a future scheduled class of the same course.

- If the customer cannot transfer to a scheduled class of the same course, then he/she may transfer to another class of a different course and receive either a refund or pay the difference between the two class fees (if applicable).
- If the customer cannot attend any scheduled class, then the Cancellation/Refund Policy is in effect.

#### Cancellations/Refunds:

- With the exception of the TEEX Fire Recruit Academy (face-to-face classes), TEEX will provide a full refund if you cancel 15 or more calendar days before the start of the class. The TEEX Fire Recruit Academy (face-to-face classes) will retain the publicized cancellation fee regardless of when you cancel.
- Cancellations received 14 calendar days or less before the start of the class will be charged a fee of 10% of the class tuition.
- Once a transfer has been made, any cancellation after the transfer will be treated as less than 15 days.
- If TEEX cancels a class, customers will be offered:
  1. a transfer to a scheduled class of the same course.
  2. a transfer to another class of a different course (customers will receive either a refund or pay the difference between the two class fees, if applicable).
  3. a full refund.

**No Shows:** Registered participants who do not contact the program representative of the course registered for in advance to cancel their registration and do not attend their scheduled class will be charged the entire class fee.

**eLearning/Correspondence Courses:** Refunds are not available for eLearning or correspondence courses, nor may the course be transferred from one customer to another.

**Blended courses:** The eLearning and Face-to-Face portions will be treated as separate components. The respective refund policies are in effect.

**Veterans:** Cancellations or refunds for veterans must also follow the current Veterans Administration requirements. Contact the TEEX Veterans Liaison for assistance.

## **Affidavit of Financial Support (For Non-US Citizen/ Non-US Resident Sponsor)**

In accordance to **SEVP** requirements and **CFR 9 FAM 402.5-5 (G) (1)**: Determining Financial Status of F-1 and M-1 Students, I certify that I will assume and assure full financial responsibility for the Individual's / Student's duration of study at Texas A&M Engineering Extension Service (and dependents, if applicable) listed below.

Full Financial Responsibility\* [ ]    Tuition and fee Expenses\* [ ]    Living Expenses\* [ ]    Dependent Expenses\*\* [ ]

Full Tuition Amount for student in attendance shall exceed **\$ 5400.00 (United States Currency)**

Living Expenses and Dependent Expenses shall not exceed: **\$ 4000.00 (United States Currency)**

NOTE: These Figures are subject to change without notification.

### **STUDENT INFORMATION:**

\_\_\_\_\_  
Family (Last) Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Date of Birth

### **DEPENDENT INFORMATION:**

\_\_\_\_\_  
Family (Last) Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Country of Birth

\_\_\_\_\_  
Country of Citizenship

\_\_\_\_\_  
Relationship

### **FINANCIAL SPONSOR INFORMATION:**

\_\_\_\_\_  
Family (Last) Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Email

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Sponsor's Complete Mailing Address

I assure and affirm that the above financial support information is accurate and complete to the best of my knowledge. I am aware of my financial responsibilities as a financial sponsor to the student named on this form. I therefore certify that I know the contents of this affidavit signed by me and that the content is true and correct.

\_\_\_\_\_  
**Financial Sponsor's Signature**

\_\_\_\_\_  
**Date of Signature**

**NOTARY PUBLIC SEAL AFFIXED HERE:**