



## NOTIFICATION OF VAVRS CLASSES

**PLEASE PRINT OR TYPE**

LAST                      FIRST                      MIDDLE

LEAD INSTRUCTOR NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE NUMBERS  
(PLEASE INCLUDE AREA CODE) H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SQUAD AFFILIATION \_\_\_\_\_

ASSISTANT INSTRUCTORS \_\_\_\_\_

### COURSE

PLEASE MARK REGULAR OR REFRESHER OR BOTH BY THE CLASS NAME

REGULAR	REFRESHER	COURSE		REGULAR	REFRESHER	COURSE
		BASIC & LIGHT DUTY RESCUE				IMPLEMENTING & DEVELOPING OP's/SOG's
		VERTICAL RESCUE				PATIENT HANDLING
		ADVANCED VERTICAL RESCUE				PATIENT CARE DOCUMENTATION
		CAVE RESCUE				INFECTIOUS DISEASE
		EVOC CLASS - specify class level by circling Class 1 2 3 4				INTRODUCTION TO SWIFT WATER RESCUE
		EVOC TRAILER OPERATIONS				SWIFT WATER RESCUE
		FARM MACHINERY EXTRICATION				SEARCH AND RESCUE
		ADVANCED FARM MACHINERY EXTRICATION				SCHOOL BUS RESCUE
		HAZARDOUS MATERIALS 1 <sup>ST</sup> RESPONDER AWARENESS				VEHICLE AWARENESS – 4 HR CLASSROOM ONLY
						VEHICLE RESCUE AWARENESS AND OPERATIONS

PLEASE CIRCLE THE DISTRICT THE CLASS IS BEING HELD IN: 1 2 3 4 5 6 7 8 9 10

LOCATION OF CLASS: \_\_\_\_\_

DATES AND TIMES CLASS IS BEING CONDUCTED:

DATE \_\_\_\_\_ TIME \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

THIS FORM **MUST BE RECEIVED** IN THE STATE OFFICE THIRTY (30) DAYS PRIOR TO THE BEGINNING OF CLASS IN ORDER TO RECEIVE CREDIT FOR TEACHING THE CLASS.

**VAVRS**  
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**OILVILLE VA 23129-0279**  
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