

Lebanon Volunteer Fire Department

Orientation Check-off Sheet

Name: _____

	Date	Topic	Times	Initials
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____

Acceptance Date: _____

Chief's Approval: _____

Squad Assignment: _____

Firefighter I or II: Yes No

NC EMS Certification: Yes No Level: _____