



**REGION 14 APPLIED TECHNOLOGY CENTER**  
**182 Hancock Road**  
**Peterborough, NH 03458**

**SY2021-2022 STUDENT APPLICATION**

*Applications are due by Friday, March 12, 2021 to Jennifer Kiley, CTE director,  
jkiley@conval.edu.*

Region 14 Applied Technology Center programs are open to students in grades 10-12.

Name (Last, First, MI) \_\_\_\_\_

Street Address \_\_\_\_\_

Town, State, Zip \_\_\_\_\_

Student Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Email \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Parent/Guardian (Last, First) \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Race/Ethnic Origin # \_\_\_\_\_

1=African American 2=Asian American 3=Black 4=Hispanic 5=White 6=Hawaiian/Pacific Islander

Have you ever taken an ATC course before? YES / NO If YES, which course? \_\_\_\_\_

Please mark your first choice program with a "1" and your second choice with a "2."

- \_\_\_ Automotive Technician (offered at Mascenic High School; please see [separate application](#))
- \_\_\_ Construction Trades (offered at Conant High School)
- \_\_\_ Business
- \_\_\_ Careers in Education
- \_\_\_ Computer Networking and Telecommunication
- \_\_\_ Computer Programming
- \_\_\_ Digital Photography and Video
- \_\_\_ Engineering
- \_\_\_ Emergency Medical Technician
- \_\_\_ Introduction to Firefighting
- \_\_\_ Graphic Design



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\_\_\_ Manufacturing w/ welding component

**Please briefly explain what your career plans are, how your chosen program will help you with your career plans, and why you think you would be a good candidate for the program. (Attach an additional sheet if more space is needed.)**

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**SAFETY AGREEMENT**

My son/daughter will have the opportunity to use various tools and equipment during his/her program. Appropriate instruction in the operation of these tools and equipment is given, and close supervision is maintained at all times. Although every precaution is taken to prevent accidents, I understand that a certain risk is involved due to the nature of the experience, the age of the student, and the learning environment.

My son/daughter has permission to apply to the Region 14 Applied Technology Center. I understand that:

- This application must be completed in its entirety, including all relevant signatures. Incomplete applications will not be considered.
- Region 14 Applied Technology Center staff will request/review all school records, including discipline and attendance.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



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\_\_\_\_\_  
 Signature of Student

\_\_\_\_\_  
 Date

**PARTICIPANT PHYSICAL EXAMINATION**

Date of Exam \_\_\_\_\_

Name (Last, First, MI) \_\_\_\_\_

Address \_\_\_\_\_

Town, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

Vision R 20 / \_\_\_ Vision L 20 / \_\_\_ Corrected Y \_\_\_ N \_\_\_ Last TD/Tdap \_\_\_\_\_ (circle one)

	Normal	Abnormal Findings	Initials
Cardiopulmonary			
Pulses			
Heart			
Lungs			
Tanner stage		1      2      3      4      5	
Skin			
Abnormal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			



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The student is considered physically fit and has the stamina and physical ability to work in untenable conditions for several consecutive, 30-minute durations, and has been evaluated regarding height phobia and claustrophobia.

Name of Physician \_\_\_\_\_



**New Hampshire Department of Safety**  
**Division of Fire Standards and Training & Emergency Medical Services**

Mailing: 33 Hazen Drive, Concord, NH 03305      Physical: 98 Smokey Bear Boulevard, Concord, NH  
 Phones: (Toll free) 800-371-4503      (Local) 603-223-4200      (Fax) 603-271-1091

## General Admission Application

**Section 1: PERSONAL INFORMATION (Please complete Section 1 B if taking a DHS, FEMA, or NFA course.)**

First name	M.I.	Last name	M <input type="radio"/>	F <input type="radio"/>	Social Security# : (last 4 digits)	Date of Birth:
HOME mailing address: (Use the next two lines below.)					US Citizen? <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/> If NO, country of birth:
PO Box/Street:					Home phone:	Work phone:
Town/City:			State:	Zip:	Cell phone:	Cell phone provider **:

**Section 1A: DEPARTMENT INFORMATION:**

Dept./Agency name:					** Please provide cell provider information if you want to receive text message course confirmations. (Standard text messaging rates may apply.)	
Address:					Email address:	
Dept./Agency phone:			Dept./Agency fax:		Email address:	
Applicant Rank/Title in Dept./Agency:	Career <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Call <input type="checkbox"/>	N/A <input type="checkbox"/>	Preferred method of contact:	
					Email/Text : <input type="checkbox"/>	Mail: <input type="checkbox"/>

**Section 1B: SID NUMBER: (Required for ALL DHS, FEMA, AND NFA classes!)**

Click on or copy and paste the link for information: <https://cdp.dhs.gov/femasid/> **SID NUMBER:**

**Section 2: COURSE INFORMATION (See Section 1B if you are taking a DHS, FEMA, or NFA course!)**

Course requested:	Course date: (mm/dd/yyyy)
Course Reference # (CREF) or Course Number:	Course location:

**Section 3: AGENCY / DEPARTMENT PAYMENT**

The signature below, provided by a dept./agency representative, verifies that the dept./agency agrees to be billed for this applicant from the division and is also aware of the division's refund policy on the website:  
<http://www.nh.gov/safety/divisions/fstems/documents/fstemsrefundpolicy.pdf>

Signature of Agency Representative:

Date:  
(mm/ dd/ yyyy)

⇒ **NOTE: For personal payment, please fill out the "General Payment Form".**

**Section 4: STUDENT SIGN-OFF**

I certify that the information on this application is correct and understand that falsification of information may result in denial of a course certificate. I understand and agree to abide by the rules, policies, and refund policy of the NH Division of Fire Standards and Training & Emergency Medical Services.