

# 2022 SOUTHEAST FIRE/RESCUE COLLEGE & LAW ENFORCEMENT EXPO

Mail \$35 check PAYABLE TO RCC **OR**  
Fax, Email or call to make credit card payment

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SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ My T-Shirt Size \_\_\_\_\_  
DOB \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Email \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street/PO Box City State Zip

County of Residence: \_\_\_\_\_ Phone: \_\_\_\_\_

Race:  White  Black  American/Alaska  Hispanic  Asian  Other Ethnicity:  Hispanic/Latino  
Sex:  Male  Female  Non Hispanic/Latino

Highest Grade Completed: 0 1 2 3 4 5 6 7 8 9 10 11 12 AHS GED  
 One Year Vocational  Associate Degree  Bachelor's Degree  Master's Degree or Higher

Employment:  Full Time  Part Time  Retired  Unemployed

Type of Agency/Department:  VOLUNTEER Fire Dept  PAID Fire Dept  PAID Law Enforcement Agency  
 Non-Profit VOLUNTEER EMS or Rescue & Lifesaving Dept  Non-Profit PAID EMS or Rescue & Lifesaving Dept

Name of Agency/Department: \_\_\_\_\_

Job Title with Agency/Dept:  Police Officer or Deputy  Auxiliary Police Officer  Firefighter  Paramedic  
 EMT  Rescue  Other \_\_\_\_\_

\*STUDENT'S SIGNATURE: \_\_\_\_\_

\*MY SIGNATURE AUTHORIZES ROBESON COMMUNITY COLLEGE TO TAKE & UTILIZE PHOTOS OR VIDEO OF ME OR MY PROPERTY FOR PURPOSES OF PROMOTING, MARKETING, & ADVERTISING THE COLLEGE. I UNDERSTAND & AGREE THAT PHOTOS OR LIKENESSES OF ME OR MY PROPERTY MAY APPEAR IN PRINT, ON TELEVISION, OR ON THE WEB, & THAT I WILL RECEIVE NO COMPENSATION. \*MY SIGNATURE AUTHORIZES RCC TO RELEASE (WHEN REQUIRED) A REPORT INDICATING THAT I HAVE SUCCESSFULLY COMPLETED ALL REQUIREMENTS (ATTENDANCE, WRITTEN, & PRACTICAL TESTS) FOR CERTIFICATION. \*ADMISSION TO ANY & ALL EDUCATIONAL PROGRAMS OFFERED BY RCC I MADE WITHOUT REGARD TO RACE, COLOR, SEX, RELIGION, AGE, DISABILITY, OR NATIONAL ORIGIN. FOR TITLE IX QUESTIONS, CALL 910-272-3505.

**\*\*\*LIST CLASS NUMBERS ONLY\*\*\*** (Students will be emailed by January 28th if 1st choice is unavailable.)

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_ 4<sup>th</sup> Choice: \_\_\_\_\_

## CREDIT CARD INFORMATION

*Note: If paying by credit card, information must be provided below.*

\_\_\_ MasterCard \_\_\_ Visa

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3-digit code \_\_\_\_\_

Card Holder's Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Total Amount \$ \_\_\_\_\_ Payment Date \_\_\_\_\_ Phone \_\_\_\_\_