

**Helibase Manager, S-371
Student Profile Form**

Name: _____
Agency: _____
Address: _____

Please answer the following questions. Your answers will be used by the instructors to balance out the experience level within student groups during the course. Send the completed form to the course coordinator or lead instructor as soon as possible.

Current fire qualification(s): _____

Number of fire season(s) experience: _____ In what capacity: _____

Are you a helicopter crew member? Y/N If yes, how many seasons? _____

Are you a helicopter manager? Y/N If yes, how many seasons? _____

Are you assigned to an agency? Y/N

Are you assigned to a contracted helicopter? Y/N

Upon successful completion of this helibase manager course, will you be the primary helibase manager for your agency? Y/N

What are your expectations in attending this helibase manager course? _____

Additional information you would like to share about yourself: (optional) _____

For instructor use only

Received by: _____

Date: _____

Course location: _____