

EL CAMINO COLLEGE FIRE ACADEMY

APPLICATION INFORMATION & PROCEDURES

Thank you for your interest in the El Camino College Fire Academy. The academy meets the State Board of Fire Service requirements as a California Firefighter I and II Accredited Academy. Participation in the academy involves arduous physical activity. Topics covered include organization of the public and private fire service, characteristics and behavior of fire, fire protection systems and water supply, fire hazards and firefighter safety, tools and equipment used in the fire service, extinguishing agents and related extinguishing equipment, incident command system, building construction and assemblies, basic firefighting tactics and strategies, fire preventions, hazardous materials, confined space, and wildland firefighting.

Students may earn California State Fire Marshal certification in Fire Control III B, IV, & VI, VII, Auto Extrication, Confined Space Awareness, Hazardous Materials Fire Responder Operational, Hazardous Materials Fire Responder Decontamination, S-130, S-190 and other OSFM certification.

The information contained in this document is intended to provide you with the necessary information in order to understand the application process for the El Camino Firefighter I/II, Basic Fire Academy. The Basic Fire Academy is offered during the fall and spring semester.

Applications:

Fire Academy applications are available at El Camino College in the Industry & Technology building, **Room 231** or **ONLINE** at:

<https://www.elcamino.edu/academics/healthsciences/fireacademy/>

Please see the Administration Assistant, in room 231 for packet and instructions. Please ensure that your application is complete including all the necessary forms and supporting documents. Applications need to be legible for others to read. When submitting application online, please ensure all required documentation are included and titled with the applicant's name and items included. For example, *Joe Doe – Official Transcripts*.

Incomplete applications will not be considered. This includes applicants being sponsored by an outside agency.

Course Prerequisites:

All applicants must have:

- Submission of official transcripts showing proof a completion, or currently enrolled in the following classes or their equivalent:
 - Introduction to Fire Protection Organization
 - Fundamentals of Personal Fire Safety and Survival
 - Fire Behavior and Combustion
 - Building Construction for Fire Protection
- Possession of a current EMT certification from a county in California or National Registry certification. You will need to provide a photocopy of the certificate or card showing current status.
- Completion of a medical physical, from a licensed physician. Submission of the included form, signed by a physician must be included. Please include a copy of a resting EKG. The medical exam must be no more than six (6) months old application due date.
- Completion of a BIDDLE or CPAT test. This fire physical agility test is valid for one (1) year from application due date. A copy of your completion letter or card must be included.
- Possession of a valid California Driver's License. A copy of the DL must be submitted with the application.
- Completion of the Fire Academy application packet. All forms must be completed when submitted. Please ensure all copies of requested documentation are included, the checklist is complete, and the application is signed by the applicant.
- Completed application packets should be submitted via email to Chief Jeff Baumunk or in person, during regular officer hours. Office is located in the Industry and Technology Building, Room 231. Please ensure all required documentation are included. If submitting via email, please title with the applicant's name and items included. For example:
Joe Doe – Official Transcripts.

Should you have any questions, you may contact the following:

Chief Jeff Baumunk – Director of Public Safety Education Programs

jbaumunk@elcamino.edu (310)660-3593 x3256

Chief Josh Boies – Fire Academy Coordinator

jboies@elcamino.edu (310)225-8282

Julie Meredith – Public Safety Administrative Assistant II

jmeredith@elcamino.edu (310)660-3593 x7894

Ariana Atienza - Public Safety Clerical Assistant

aatienza@elcamino.edu (310)660-3593 x7897

**IN ORDER FOR AN APPLICATION TO BE CONSIDERED, ALL REQUIRED
DOCUMENTS MUST BE SUBMITTED WITH THE APPLICATION**

EL CAMINO COLLEGE FIRE ACADEMY

FIREFIGHTER I ACADEMY APPLICATION & CHECKLIST

Last Name: _____ First Name: _____ MI: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Birthdate: ____ / ____ / ____ Email: _____

Male: _____ Female: _____ Student ID #: _____

Non-Sponsored: _____ Sponsored/Sponsored Fire Agency: _____

Signature: _____ Date: _____

Items Required:

- _____ Signed Application & Checklist Form
- _____ Signed Sponsored Form (optional)
- _____ Official College Transcripts (in sealed envelope)
- _____ Current EMT or National Registry Certification
- _____ Physical Examination Form
- _____ Completion of BIDDLE Test or CPAT Test
- _____ Copy of California Driver's License
- _____ Emergency Contact Form
- _____ Questionnaire
- _____ Signed Hold Harmless Agreement
- _____ Signed Photographs/Video/Film Release Form

**EL CAMINO COLLEGE FIRE ACADEMY IN-
SERVICE & SPONSORSHIP VERIFICATION**

I hereby certify that _____ is a bonafide:

IN-SERVICE RECRUIT

_____ Fully paid member of a government or industrial fire protection or fire prevention agency. I also certify that this individual will be provided with worker's compensation insurance by my agency for any injuries suffered during the course of the fire academy.

_____ Current EMT certification or completed a certified EMT course.

SPONSORED RECRUIT

_____ Sponsored recruit of a department which has completed:

_____ EMT or National Registry

_____ Introduction to Fire Protection Organization and Building Construction for Fire Protection classes.

Fire Chief' Signature: _____ Date: _____

Chief's Printed Name: _____ Phone Number: _____

Fire Department: _____

RECORD OF MEDICAL HISTORY AND PHYSICAL EXAMINATION

(To be completed by student)

Name: _____ Date: _____

Address: _____

Telephone: _____ Social Security No: _____

Date of Birth: _____ Place of Birth: _____

HEALTH HISTORY:

Check conditions you have had or now have. Show dates on non-chronic conditions.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Convulsive Disorder | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Impairment of Hearing | <input type="checkbox"/> Smoking Habits |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Stomach Conditions |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Draining Ear | <input type="checkbox"/> Marked Fatigue | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Bladder Conditions | <input type="checkbox"/> Fainting | <input type="checkbox"/> Nervous Breakdown | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Gall Bladder Disease | <input type="checkbox"/> Other Blood Diseases | <input type="checkbox"/> Drug Addiction |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Headaches (Frequent) | <input type="checkbox"/> Palpitation | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Headaches (Migraine) | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Other |

Other: _____

Medications: _____

Surgical Procedures (Dates and Nature): _____

IMMUNIZATIONS: Indicate which vaccinations and immunizations you have had. Give dates.

MMR 1 _____	MMR 2 _____	Influenza _____	Tetanus Booster _____
Hepatitis 1 _____	Hepatitis 2 _____	Hepatitis 3 _____	TB Test _____
Varicella 1 _____	Varicella 2 _____		

FAMILY MEDICAL HISTORY

	FATHER	MOTHER	BROTHER	BROTHER	SISTER	SISTER
Name						
Place of Birth						
Occupation						
State of Health						
Age						
If Deceased, Cause of Death						

EL CAMINO COLLEGE
HEALTH SCIENCES & ATHLETICS DIVISION

LAST NAME: _____ FIRST NAME: _____

PHYSICAL EXAMINATION (To be completed by a Physician)

Height: _____ Weight: _____ BP: _____ Pulse: _____ Temperature: _____

Skin:	Ears:	Eyes:
Throat:	Teeth:	Neck:
Chest:	Lungs:	Heart:
Abdomen:	Rectal Exam:	Genitalia:
Hernia:	Pelvic:	

Pregnancy Test:	Back/Spine:
Extremities:	Neurological:

Recommendations: _____

HEARING - OPTIONAL

	250	500	1000	2000	4000	6000
Right						
Left						
	DATE					

VISION SCREENING

	Right	Left
Uncorrected		
Corrected		
Color Vision		
Wears	Glasses	Contact Lenses
Date		

Chem Panel Includes URINALYSIS: Date _____

This client has been examined and found physical acceptable for a Basic Firefighter Academy.

_____ YES _____ NO

Examining Physician Signature: _____ Date: _____

Physician's Printed Name: _____ Phone: _____

APPLICANT'S QUESTIONNAIRE

Last Name: _____ First Name: _____

1. Have you ever served in the American Armed Forces? _____ Yes _____ No

If So, what branch of service? _____

How long? _____ What was your rank at discharge? _____

2. Have you ever been a member of a fire department as an Explorer? _____ Yes _____ No

If so, for what department? _____

How long? _____

3. Have you ever worked for a wildland agency? _____ Yes _____ No

If so, for what agency? _____

How long? _____

4. Have you ever worked as an EMT or a Paramedic? _____ Yes _____ No

If so, for what agency? _____

How long? _____

5. Have you ever held a supervisory position? _____ Yes _____ No

6. Would you consider yourself a leader? _____ Yes _____ No

7. Would you like to be in a position of leadership? _____ Yes _____ No

8. Are you willing to take orders, as are you willing to give orders? _____ Yes _____ No

9. If in a position of authority, would you be able to make unpopular decisions without regret? _____ Yes _____ No

10. Name your three (3) strengths:

1. _____ 2. _____ 3. _____

11. Name your three (3) weaknesses:

1. _____ 2. _____ 3. _____

EMERGENCY CONTACTS

Student's Name: _____

Student's Address: _____

Student's Cell Phone Number: _____

Student's Email Address: _____

Current Medications: _____

List of Allergies: _____

Doctor's Name and Phone Number: _____

Parent/Guardian's Name: _____

Parent/Guardian's Phone Number: _____

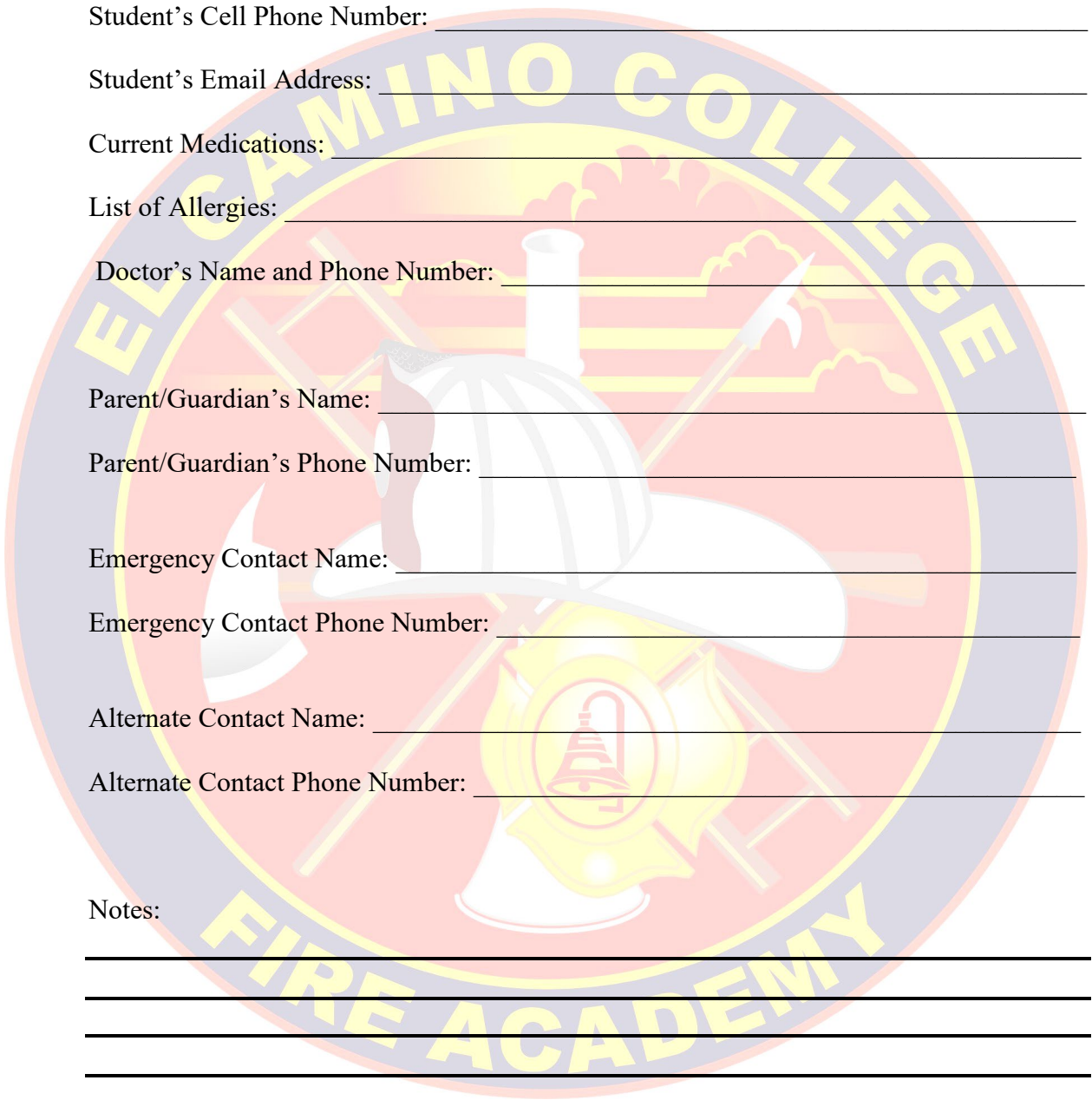
Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Alternate Contact Name: _____

Alternate Contact Phone Number: _____

Notes: _____



HOLD HARMLESS AGREEMENT AND/OR WAIVER CLAIMS

Student Participation in Activities or Classes

(Student) _____ agrees to hold the District harmless from acts of negligence, misuse of equipment or facilities, noncompliance with safety rules on the part of any undersigned, for any loss, injury, damage or liability that may arise or be caused by, in anyway, as a result of participation in student activities or use of District facilities. Further, Student understands that aggressive, physical contact activities are not permitted unless specifically authorized by the District and at the Instructor's direction and that, when authorized, such activities are at Student's own risk.

For certain class activities, such as those included in firefighting training; there is some physical risk involved. Student hereby acknowledges and accepts responsibility for injury or loss due to Student's participation in such exercise.

For those class activities, which require Student to meet or convene at a location other than the assigned classroom, the transportation to and from the location is the responsibility of the Student and is not part of class activity or assignment unless specified by District (Instructor) representative in writing.

In accordance with Education Code Section 35330, Student participating in a field trip or excursion hereby waives any and all claims against the District, its officers, employees or agents and the State of California for injury, accident, illness or death occurring or by reason of the field trip or excursion.

Please Print Name: _____

Signature of Student: _____

Date: _____

PHOTOGRAPHY/VIDEO/FILM RELEASE FORM

I hereby grant El Camino College the irrevocable and unrestricted right to use and publish photographs/video/film of me, or in which I may be included, for College publications, electronic reproductions (web site) and/or promotional materials or any other purpose and any manner or medium of usage. In addition, I grant permission to alter the same without restriction; and to copyright the same. I hereby release the photographer/camera operator and EL Camino College from all claims and liability relating to said photographs/video/film.

*If the subject is a minor, parent or legal guardian must sign.

Printed Name: _____

Signature: _____

Date: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

