

# 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.**







## RECORD OF MEDICAL HISTORY AND PHYSICAL EXAMINATION

(To be completed by student)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Student ID 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 _____
HepatitisA _____	HepatitisB _____	HepatitisC _____	TB Test _____
Varicella 1 _____	Varicella 2 _____		<i>(Within 6 months)</i>

### 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 Provider)

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 presents as acceptable for Basic Firefighter Academy.

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

Examining Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider'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: \_\_\_\_\_

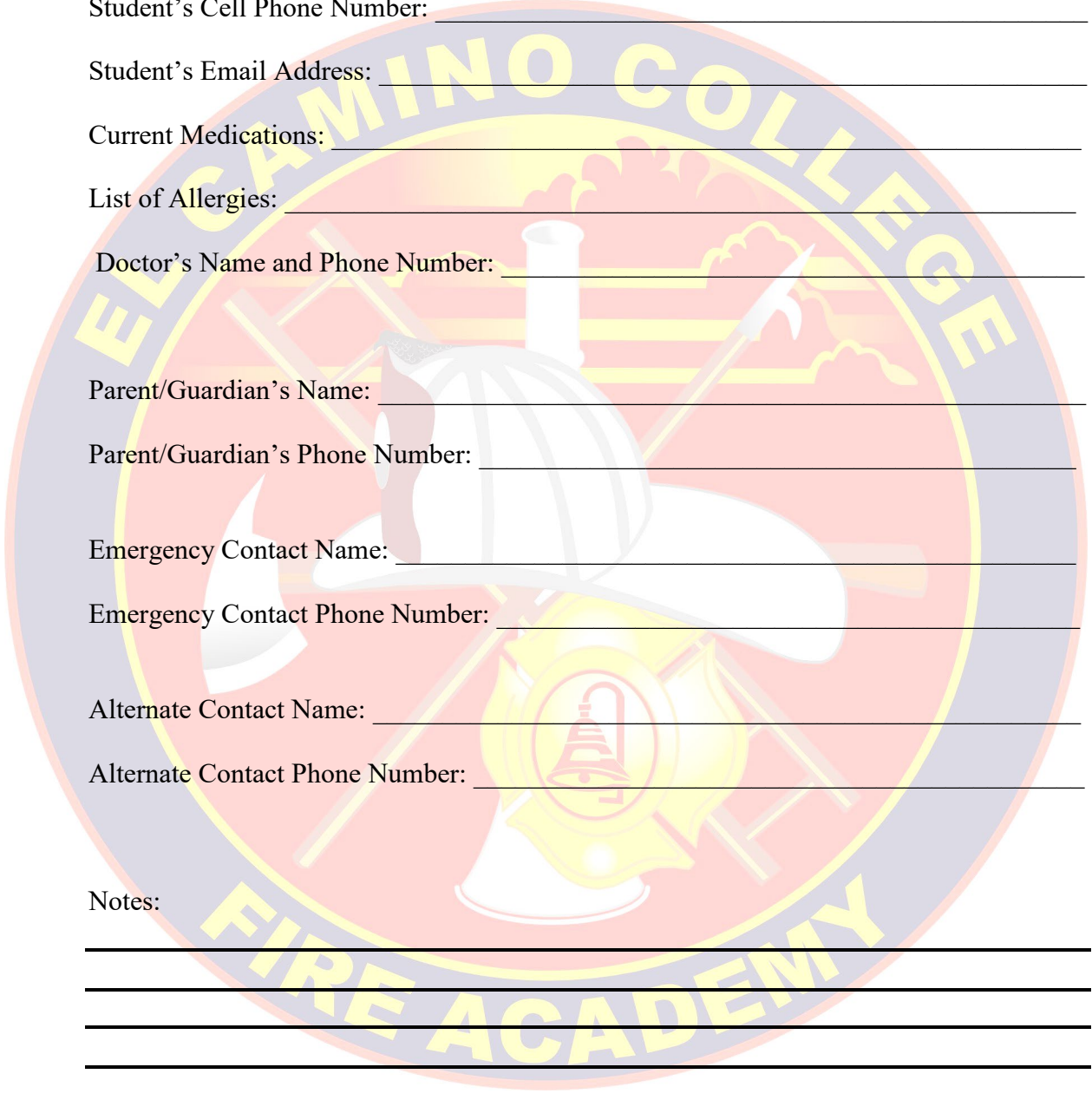
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## 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, it's 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: \_\_\_\_\_

