

# 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 Public Safety Programs Office located in the Industry & Technology building, **Room 231** or **ONLINE** at:

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

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 please ensure all required documentation are included and titled with the applicant's name. Please submit application single-sided.

Applications **MUST** be turned in by the deadline.

**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 (Name of Institution MUST be included) showing proof of 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 provider. Submission of the included form, signed by a provider 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 in person, during the application period. Public Safety Programs Office is located in the Industry and Technology Building, Room 231. Please ensure all required documentation are included.

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

**Chief Jeff Baumunk – Director of Public Safety Education Programs**

[jbaumunk@elcamino.edu](mailto:jbaumunk@elcamino.edu) (310)660-3593 x3256

**Chief Josh Boies – Fire Academy Coordinator**

[jboies@elcamino.edu](mailto:jboies@elcamino.edu) (310)225-8282

**Julie Meredith – Public Safety Academic Administrative Assistant**

[jmeredith@elcamino.edu](mailto:jmeredith@elcamino.edu) (310)660-3593 x7894

**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's 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: \_\_\_\_\_ 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've had and the date you received.

MMR Dose 1 \_\_\_\_\_ MMR Dose 2 \_\_\_\_\_ Influenza \_\_\_\_\_  
 Hepatitis B Dose 1 \_\_\_\_\_ Hepatitis B Dose 2 \_\_\_\_\_ TDAP within last 10 years \_\_\_\_\_  
 Hepatitis B Dose 3 (if part of 3 -dose series) \_\_\_\_\_  
 Varicella Dose 1 \_\_\_\_\_ Varicella Dose 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  
KINESIOLOGY, ATHLETICS & PUBLIC SAFETY DIVISION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

PHYSICAL EXAMINATION (To be completed by a Physician or Nurse Practitioner)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ Temperature: \_\_\_\_\_

Skin:	Ears:	Neck:
Throat:	Dental Implants:	Cardiac:
Chest:	Lungs:	Other:
Abdomen:	Eyes:	Other:
Hernia:	Nose:	Other:

Pregnancy Test:	Back/Spine:
Extremities:	Neurological:

Recommendations: \_\_\_\_\_

VISION SCREENING		
	Right	Left
Uncorrected		
Corrected		
Color Vision		
Wears	Glasses	Contact Lenses
Date		

**TB Screening** (\*must be within last 6 months)

TB Skin Test (TST) Date Given \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Given By: \_\_\_\_\_

Date Read \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Read By: \_\_\_\_\_

Induration: \_\_\_\_\_ mm Interpretation: \_\_\_\_\_

**OR**

TB Blood Test (IGRA, QuantiFERON) Date: \_\_\_\_\_ Interpretation: \_\_\_\_\_

**OR**

Chest X-Ray (Required only if prior positive TST or IGRA) Date: \_\_\_\_\_

\_\_\_\_ No radiographic evidence of active tuberculosis  
 \_\_\_\_ Abnormal Findings (Specify) \_\_\_\_\_

Chem Panel : Date: \_\_\_\_\_

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

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

Physician or Nurse Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician or Nurse Practitioner 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: \_\_\_\_\_

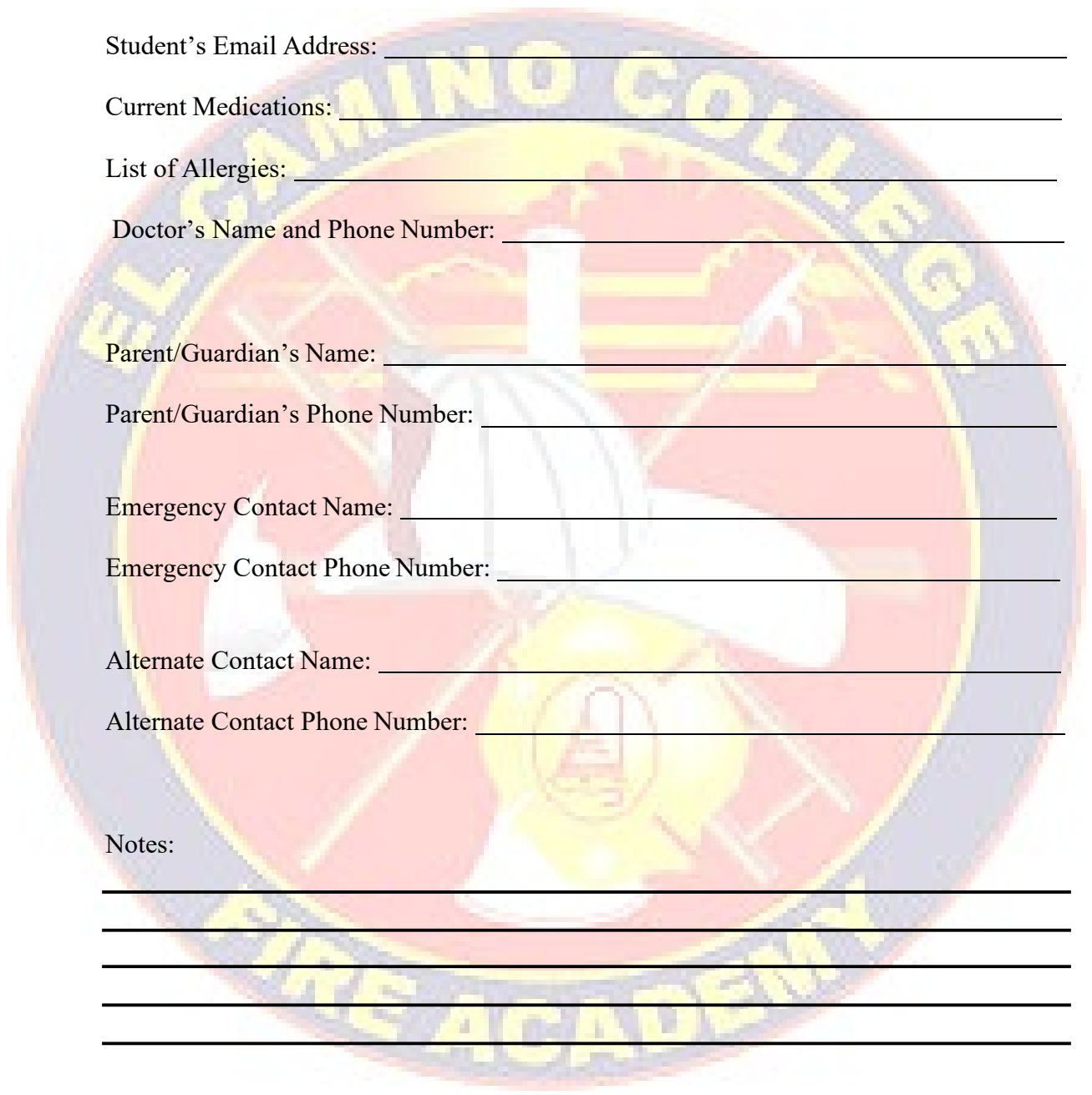
Emergency Contact Phone Number: \_\_\_\_\_

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: \_\_\_\_\_

