

Basic Wildland Firefighter Course Application

Date _____

PERSONAL INFORMATION

Student ID

NAME:

LAST FIRST MIDDLE

ADDRESS: _____

STREET OR P.O. BOX CITY, STATE, ZIP

TELEPHONE: _____ E-MAIL: _____

Person to notify in case of an emergency: _____
NAME/TELEPHONE

EDUCATION: High School Attended: _____ Diploma or GED

Received: YES NO

VOCATIONAL SCHOOL OR PROGRAM:

Attended: _____

From _____ To _____ Certificate received: YES NO

College Attended: _____ Area of Study: _____

From _____ To _____ No. Units Completed: _____ Degree: YES NO

CURRENT EMPLOYMENT: Are you currently employed? Yes No Where? _____

Address: _____ Phone: _____

Do you have a Title 22 PFSA CPR/First Aid card? Yes _____ No _____ If yes, please submit a copy of your card with your application. If no, please contact www.tapstraining.com to schedule and pay for the class. This is an outside vendor. Please provide proof of enrollment.

Have you met the HazMat FRO pre-requisite? Yes _____ No _____ Please provide proof of completion, if you have already completed. Otherwise, please provide proof of enrollment. (This can be done after registration opens when registering for the academy. You may need to have an add card done on your behalf due to the amount of units.)

Continued on next page.

Previous Employment:

Organization	Address	Position	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References: Please list the names of the individuals as a reference for this program

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe in a paragraph your academic and work experience in the fire service:

Explain why you are interested in enrolling in the Basic Wildland Firefighting course:

What is your career goal for the next five years?

Provide any interesting information about yourself that you would like for us to know. This can be personal, academic, or professional.

I hereby certify that the above information is true to the best of my knowledge. I understand that any falsification will result in cancellation of this application. I understand that class fees are due with the application. Refunds are not given for “no shows” or cancellation on or after the first day of class.

Signature _____ Date _____

Return completed application via email or hand deliver to:

Corrine Gil or Kristyn McFarland
Yuba College Public Safety Office Building, Room 2101
2088 North Beale Rd.
Marysville, CA 95901
Email: cgil@yccd.edu; kmcfarla@yccd.edu;
Phone: 530-749-3879