YUBA COLLEGE FIRE TECHNOLOGY

FIREFIGHTER 1 TASK COMPLETION CHECKLIST

Please Print

NAME: (Last, First, Middle)		
Yuba College Student ID (*):		
EMAIL:		
PHONE NUMBER:		
ARE YOU A CA RESIDENT?		*If you do not qualify as a California Resident, you will be a non-resident for registration fees. Call for more details if necessary.*

(*) – "Apply Now" Link if you do not currently have a YC Student ID: https://yc.yccd.edu/admissions/apply/

Dear Applicant:

Thank you for your interest in the Yuba College Firefighter 1 Academy. If you have not yet reviewed the Fire Academy Course Announcement, we recommend reviewing that information prior to completing the Application Process. To confirm you that you meet Academy requirements, please use this as a guide to ensure you submit a **COMPLETE** application and sort your materials in order as listed below:

1. Use this form, **Firefighter 1 Task Completion Checklist** as your coversheet to submit your application.
2. Complete the **Firefighter 1 Academy Application**. This form can be completed on-line or by hand. Please keep in mind that it needs to be clear and legible. If we cannot read it, it will not count. You must also have your signature in blue or black in only; date the document.
3. Attach a **copy of your transcript** (unofficial transcript is acceptable) indicating completion of "Fire Protection Organization" (or equivalent) and college degree (if applicable), from any California Community College.
4. If you are currently enrolled in the Fire Protection Organization, pre-requisite Fire Technology course, the **Instructor's Verification** form will be required with your application (or equivalency), if applicable.
5. Complete and submit the **Autobiography**. (Use additional paper)
6. **Yuba College Public Safety Emergency Information & Notification**
7. **Statement of Applicant**
8. Submit **Medical clearance**, once accepted into the academy.
   Health History Statement & ParQ

Return this completed application packet in-person or by mail to the Fire Technology Program Office in Room 2101, at Yuba College, Marysville Campus, 2088 North Beale Road, East Lot, Building 2100, Maryville CA 95901. You may also email your application packet to kmcfarla@yccd.edu or cgil@yccd.edu.

For Office Use Only:	Date:	Time:
Rec'd By:	Deliver Method:	

YUBA COLLEGE FIRE TECHNOLOGY
FF1 ACADEMY APPLICATION

NAME: Last, First, Middle Initial	
Yuba College Student ID No.	
Address	
City, State, Zip	
Cell Phone:	
Email:	

Education:

Total Completed College Units		Cumulative GPA		Degree Completed	
Date Completed		Major		School	
Fire Protection & Organization (pre-requisite)	YES		NO		Comments:

Fire Experience *(if not applicable, list N/A – Do Not Leave Blank):*

Department					Rank:	
Department					Rank:	
Will you be sponsored by a Fire Department?	YES		NO		What Department?	

Were you in R.O.P.?	YES		NO		Department & Years	
Military Experience	YES		NO			

Have you ever applied to, or attended, a Fire Academy?					
YES		No		When?	
If Yes, Reason for Non-Completion:					

Certificates *(Please attach copies & list)*—CPR will need to be completed prior to the scheduled orientation.

EMT Certified		Exp Date		CPR		Exp Date	

Health & History

All students accepted to the academy will need to complete a ***Health History Statement***, ***Par Q* & You**, and will need a ***Medical Clearance*** prior to completing the final enrollment process. Understanding the physical demands and rigorous activities with this academy, do you have any medical conditions, existing injury, or are you taking any medications for a chronic health problem that will affect total participation in the Academy?

If YES, please provide a brief explanation:

I understand that falsification of this application or any submitted materials can result in disqualification to attend this Academy; I further understand that this application will not be kept on file or returned if I am not accepted to attend *(please keep copies of all documents you submit).*

Applicant Signature: _____ *Date:* _____

Yuba College Fire Technology

Instructor's Verification

For Students Currently Enrolled in Fire Protection Organization

This is to verify that _____ is currently enrolled in a pre-requisite Fire Technology course entitled **Fire Protection Organization** at California Community College. He/She is performing satisfactorily, and I anticipate the student will earn a final grade of "C" or above.

Course Completion Date: _____

Instructor's Name (Please Print): _____

Instructor's Signature: _____

College / Institute: _____Contact Number: _____

Date: _____

Notes: _____

AUTOBIOGRAPHY

Write your autobiography. Must be 2 – 3 pages in length, typed with double space

This paper is due at Orientation.

Please include the following;

Who you are, include family life, employment, student, etc.

What type of person you are.

Where you were born.

What it was like growing up.

What is your greatest achievement thus far?

What is the worst thing that has ever happened to you? How did you overcome it?

What do you believe is your best strength that will help you as a firefighter?

What is your biggest weakness that could cause you difficulty as a firefighter?

Explain to us what you have had to do to prepare yourself for this academy?

What do you expect from this academy?

Why is this academy important to you?

What are your future goals?

Don't start out on the wrong foot get the paper completed. I want to know who you are!

YUBA COLLEGE FIRE TECHNOLOGY

FIREFIGHTER 1 STATEMENT OF APPLICANT

It is my intention to enroll in the Yuba College Firefighter 1 Academy (FIRTC 64) and CPR-First Aid (EMT 510) I have read and understand the following:

- I must attend the Mandatory Orientation meeting scheduled at Yuba College, 2088 North Beale Road, Bldg. 2100, Room 2412, on:
  - **SATURDAY, DECEMBER 4, 2021** Non- Mandatory (PPE & Uniform Purchase Day)
  - **SATURDAY, JANUARY 8, 2022**. The hours will be 0900-1300 hours. More information provided in your acceptance packet.
- I may not be eligible to participate if I am on academic or progress probation, pending review and determination by Yuba College.
- To receive a Firefighter 1 Academy Course Completion Certificate, I must successfully complete both FIRTC 64 and PE 1.34.
- I understand that I must attend the EMT 510 class scheduled on **Saturday, January 15, 2022** and show proof of immunization records for clinical hours.
- I understand that the Academy will be a physically and academically challenging course. It will be a time-consuming commitment and will place extraordinary demands on my time and resources.
- The academic standard is rigorous, requiring an 80% or greater on all quizzes and examinations. You can be dropped due to academic or skill requirements.

- The manipulative test standard will be task completion on all skills and evolutions, according to the standards established by the State Fire Marshal's Office and Yuba College Fire Academy.

- My attendance is required at all sessions, unless excused by the Fire Academy Facilitator or FAS. I understand that some classes are mandatory, and if I miss any of them, there is no make-up. This would prevent me from successfully completing the Academy.

- Punctuality, attitude and participation are components of the course grade. Problems in any of these areas could result in my being administratively dropped from enrollment.

- I am responsible for obtaining books, manuals, uniforms, equipment, and other supplies according to Academy requirements and specifications prior to the start of the academy.

- I understand that I will be responsible for certifications and exam fees when required.

PRINTNAME: _____

SIGNATURE: _____DATE: _____

Yuba College Regional Fire Academy

Physician Release of student to Participate in Fire Academies

The Yuba College Regional Fire Academies curriculum is a "mix" of classroom instruction and physical hands on training wearing full firefighter structural personal protective equipment (PPE).

Students are expected to participate in aerobic and anaerobic cardiovascular training for at least 45 minutes 3-4 times a week. In addition to physical fitness training, some examples of instructional related physical training while wearing full PPE and breathing apparatus (SCBA) are but not limited to such activities as:

- 24' – 35' ladder carries and raises to a building.
- Pull a charged 1.5", 1.75" or 2.5" hose into a structure and upstairs.
- 4-story stair climb with 50 lb. hose pak, then hoisting 50 lb. hose pak via rope to the 4th floor.
- Dummy drag (165 lbs.) minimum 50'.
- Live victim carries and drags out of a building.
- Vehicle extrication using hydraulic, electric and hand tools.
- Ventilation procedures in structural firefighting with full body swings using an axe.
- Participation in **Live Fire Exercises**.

In the classroom instructional situation, students are expected to remain seated during lecture until excused by the instructor with a break every hour.

Physician recommended form of release with signature, physical address and contact information:

Full Release, no restrictions _____

Not released _____

Additional Explanation

_____

_____

Doctors Name (printed):

_____

Signature: _____

Address: _____

Phone: _____

Physician's Stamp

YUBA COLLEGE PUBLIC SAFETY TRAINING CENTER

HEALTH HISTORY STATEMENT

(Last Ten Years)

The information you provide in this statement will be used to assess your medical qualifications to participate in the Yuba College Academy, Physical Condition Program. *Please complete this document prior to going to your physician for review and clearance to participate*. All information will be kept ***CONFIDENTIAL.***

Please fill out the statement carefully and thoroughly.

NAME (Last, First, Middle):

ACADEMY:

BIRTHDATE: TODAY'S DATE:

Please answer all of the following. Check YES or NO on each Question.

	YES	NO		YES	NO
Allergies	☐	☐	High Blood Pressure	☐	☐
Arthritis	☐	☐	High Serum Lipids (fats-i.e., cholesterol)	☐	☐
Asthma	☐	☐	Musculoskeletal Problems	☐	☐
Chronic Bronchitis	☐	☐	Neurological Problems	☐	☐
Diabetes Mellitus	☐	☐	Obesity	☐	☐
Emphysema	☐	☐	Stroke	☐	☐
Heart Disease	☐	☐	Heart Murmur	☐	☐
Other:	☐	☐	Other:	☐	☐
Please Specify:					

Have you ever experienced any of the following: For each condition checked, indicate whether the condition was diagnosed and whether the condition was associated with exercise or physical work?

			Diagnosed?		Associated with exercise or physical work?	
YES	**NO**		**YES**	**NO**	**YES**	**NO**
☐	☐	Chest Pain	☐	☐	☐	☐
☐	☐	Chest Pressure	☐	☐	☐	☐
☐	☐	Discomfort/Pain in Elbow	☐	☐	☐	☐
☐	☐	Discomfort/Pain in Jaw	☐	☐	☐	☐
☐	☐	Discomfort/Pain in Teeth	☐	☐	☐	☐
☐	☐	Discomfort/Pain in Throat	☐	☐	☐	☐
☐	☐	Discomfort/Pain in Wrist	☐	☐	☐	☐
☐	☐	Heart palpitations/Skipped Beats	☐	☐	☐	☐

Have you ever taken any of the following tests? If yes, indicate whether the results indicated any abnormalities.

			Any Abnormalities?	
YES	**NO**		**YES**	**NO**
☐	☐	Exercise Stress Test	☐	☐
☐	☐	Exercise Stress Test with Isotopes	☐	☐
☐	☐	Echocardiogram	☐	☐
☐	☐	Coronary Angiogram	☐	☐
☐	☐	Halter Monitor	☐	☐

Has a blood relative ever been diagnosed as having any of the following? (Include parents, grandparents, aunts and uncles, brothers and sisters, and children, but exclude relatives by marriage or half relatives)

YES	NO		MOTHER	FATHER	OTHER
	☐	Diabetes Mellitus	☐	☐	☐
☐	☐	Heart Disease	☐	☐	☐
☐	☐	High Blood Pressure	☐	☐	☐
☐	☐	High Serum Liquids	☐	☐	☐
☐	☐	Obesity	☐	☐	☐
☐	☐	Stroke	☐	☐	☐

Please answer YES, NO, or other specified entry to the following questions:	YES	NO
Have you ever smoked cigarettes (E-cigarettes), cigars or pipe?	☐	☐
If Yes, state the year you started.		
Do you smoke presently?	☐	☐
If you did or do smoke cigarettes or E-Cigarettes, how many per day?	Cigarettes	☐ E-Cigs.
If you did or do smoke cigars, how many per day?	Cigars	
If you did or do smoke a pipe, how many pipefuls per day?	Pipefuls	
If you quit smoking, please state the year you quit.		
Do you ever drink alcoholic beverages?	☐	☐
If your answer is No, skip below questions:		

TYPE	NONE	OCCASIONAL	OFTEN	DRINKS PER WEEK?
BEER				
WINE				
HARD LIQUOR				

List any traumatic injuries you have experienced to your bones or soft tissue (including any disabling back problems you have had) and the approximate date of the injury.

Injury: _____ Date: _____

Injury: _____ Date: _____

List any illnesses you have had which required you to take more than one week of sick leave and the approximate date of the illness.

Date:

Date:

List any operations you have had, including approximate dates:

Date:

Date:

List any medications you are now taking (include self-prescribed medications and dietary supplements).

Name of Medication (see label for prescriptions)	Date Started	Dosage	Dosage per Day

List any athletic or other physical activities that you regularly engage in. Specify for each the frequency, intensity, and duration of your involvement.

Examples:	Activity Bicycling	Frequency 3 times a week	Intensity 10 Miles	Duration Past 18 Month

List anything else that you feel may be important in your medical history, including any conditions not specifically referred to in the preceding questions.

I hereby certify that all statements made in this Health History Statement are accurate and complete.

Printed Name:

Signature: _____ Date:

PAR Q and You

Par-Q is designed to help you help yourself. Many Health benefits are associated with regular exercise, and the completion of the **Par-Q** is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people physical activity should not pose any problem or hazard. **Par-Q** has been designed to identify the small number of adults whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. **PLEASE** read them carefully and check **YES** or **NO** opposite the question if it applies to you.

YES	NO	
		Has your doctor ever said you have heart trouble?
		Do you frequently have pains in your heart or chest?
		Do you often feel faint or have spells of severe dizziness?
		Has a doctor ever said your blood pressure was too high?
		Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise?
		Is there a good physical reason not to mention here why you should not follow an activity program even if you wanted to?
		Are you age 65 or over and not accustomed to vigorous exercise?

If you answered YES to ONE or MORE Questions above: If you have not recently done so, consult with your personal physician by telephone or in person BEFORE increasing your physical activity and/or taking a fitness test. Tell him/her what questions you answered YES on Par-Q, or show him/her your copy.

After medical evaluation, seek advice from your physician as to your suitability for: 1) unrestricted physical activity, probably on a gradually increasing basis; 2) restricted or supervised activity to meet your specific needs, at least on an initial basis. Check your community for special programs or services.

If you answered NO to all Questions above: If you answered PAR-Q accurately, you have reasonable assurance of your suitability for: 1) **A Graduated Exercise Program** - A gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort; 2) **An Exercise Test** - simple tests of fitness (such as Canadian Home Fitness Test) or more complex types may be undertaken if you so desire.

POSTPONE: If you have a temporary minor illness, such as the common cold.

Signature: _____ Date: _____

EMT CHECKLIST FOR FF1 ACADEMY

Student Name: _____

Student ID: _____ Email: _____

Student Initials

____ I understand I must complete the Yuba College EMT 510 Course, even if I am already CPR Certified with American Heart Association.

____ MMR (Measles, Mumps, Rubella) Proof of two (2) shot series or positive titer

Staff Initials: _____

____ HEP B – Proof of three (3) dose series, positive tier test or a signed declination form

Staff Initials: _____

____ Tetanus/Diphtheria – Proof of vaccination or a signed declination form

Staff Initials: _____

____ Varicella (Chicken Pox) – Proof of two (2) shot series or positive Varicella titer test

Staff Initials: _____

____ TB Skin Test * Dated from June 2018-Present

Staff Initials: _____

____ Influenza Shot – Proof of shot or signed declination form (please sign declination until you can get a flu shot)

Staff Initials: _____

declination forms can be found at this link:* **http://yc-publicsafety.yccd.edu/forms-1

For Office Use Only:	Date:	Time:
Rec'd by:	Deliver Method:	

8.14.2020

YUBA COLLEGE
PUBLIC SAFETY CENTER
EMERGENCY INFORMATION AND NOTIFICATION

☐ Level I ☐ Level II ☐ Level III ☐ PC 832 ☐ Other _____

Part 1 - Student Information:

Name: _____
Last, First, Middle Initial

Address: _____
Number, Street, Apt#, City, State, Zip

Home Phone: _____ Cell Phone: _____

Blood Type (if known): _____ Allergies: ☐ None ☐ Yes (IMPORTANT: List & provide specific instructions in the event of an emergency-if applicable)

Part 2- Physician Information:

Physician: _____ Phone: _____

Address: _____

☐ I currently do not have a private physician and prefer to be seen at

Name and Address: _____

Part 3- Insurance

Do you have medical/health care coverage available to you through your employer/spouse /parents?

☐ Yes ☐ No If yes: Insurance Company: _____Policy #_____

Part -3 In Case of Emergency Notify

Name: _____ Relationship:_____

Home Phone:_____ Cell or Other Phone: _____

Address: _____

Name: _____ Relationship:_____

Home Phone:_____ Cell or Other Phone: _____

Address: _____

Affiliated: ☐ Yes ☐ No Agency: _____

Training Manager: _____Phone:_____

Cadet Signature: _____ Date: _____

Pink Copy-Student File **Yellow Copy-EVOC Book** **White Copy-Range Book**