YUBA COLLEGE FIRE TECHNOLOGY

FIREFIGHTER II 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: http://yc.yccd.edu/admissions/new-students

Dear Applicant:

Thank you for your interest in the Yuba College Firefighter II 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 II Task Completion Checklist as your coversheet to submit your application.
- 2. Complete the <u>Firefighter II Academy Application</u>. 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 documents.
- 3. Include your AHA BLS/CPR card AND proof of PSFA/Title 22 or greater certification.
- 4. Copy of your **FFI Certificate** or transcripts showing FFI completion.
- 5. <u>Letter of Sponsorship</u> or <u>Letter or equipment clearance and Medical clearance</u> from your department Chief. If not, the required medical clearance paperwork is included in this packet.
- 6. Yuba College Public Safety Emergency Information & Notification
- 7. Read, understand, sign and submit the **Statement of Applicant**.

DEADLINE: April 17, 2024 or final approval by facilitator if submitted after deadline date.

Return this completed application packet in-person, by email, or by U.S. mail to the Fire Technology Program Office in Room 2101, at Yuba College, Marysville Campus, 2088 North Beale Road, East Lot, Building 2100, Marysville CA 95901. If you chose to email your application, please send to dcoats@yccd.edu

If you have any questions about completing these requirements, contact the Public Safety Office at 530-749-3879. Once your packet has been received, the Fire Technology Program staff will verify your eligibility.

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

Task Completion Checklist.03.14.24

YUBA COLLEGE FIRE TECHNOLOGY FFII ACADEMY

														
NAME: Last, First														
Yuba College Stu	dent ID N	0.												
Address														
City, State, Zip														
Cell Phone:														
Email:														
Education:														
Total Completed College Units				lative PA				Degree Completed	d					
Date Completed			Ma	jor				School						
Fire Fighter I (pre-requisite)		YES			NO				Comme	ents:				
Fire Experience (if no Department Department	ot applica	ble, lis	t N/A -	- Do No	ot Lea	ve Blar	nk):	Rank:						
Will you be						What	Departm		1					
sponsored by a Fire	YES		NO											
Department?														
Were you in R.O.P.?	YES		NO			Depar Years	tment &							
Military Experience	YES	一	NO					i						
					2									
Have you ever applie	d to, or att	ended,	, a Fire	Academ	ıy?									
YES	No	V	Vhen?											
If Yes, Reason for No	n-Completi	on:												
Contificator (Diagram	attach con	ios 9	lict) /		D and	Title 2) /DCEA	مد المحمد النب	he comm	loted pri	or to th	o sabadı	ulad ariantation	
Certificates (Please of EMT	ατταση σορ		Exp	па се	K allu	nue Z	Z/PSFA V		be comp	Exp		e scrieu	Jied orientation	_
Certified			Date				СР			Date				
Health & History							•							
All students accept														
Understanding the injury, or are you tal														ing
If YES, please provide a				or a cri	TOTIC	neaith	problei	ii tiiat Wiii	arrect tot	lai partic	іраціоп	in the A	tademyr	
	z zmer enpre													
I understand that fals understand that this a submit).														

Applicant Signature:______Date: _____



YUBA COLLEGE PUBLIC SAFETY CENTER

EMERGENCY INFORMATION AND NOTIFICATION

Part 1 - Student Information:	
Name:	
, and the second	t, Middle Initial
Address:	nber, Street, Apt#, City, State, Zip
Home	Cell Phone:
Phone:	
Email:	
Blood Type (if known): Allergies: N instructions in the event of an emergency-if applicable.	
Part 2- Physician Information:	
Physician:	Phone:
Address:	
I currently do not have a private physician ar	nd prefer to be seen at
Name and Address:	
Part 3- Insurance Do you have medical/health care coverage ava /parents?	ilable to you through your employer/spouse
Do you have medical/health care coverage ava /parents?	ilable to you through your employer/spouse Policy #
Do you have medical/health care coverage ava /parents?	
Do you have medical/health care coverage ava /parents? Yes No If yes: Insurance Company:	
Do you have medical/health care coverage ava /parents? Yes No If yes: Insurance Company: Part -3 In Case of Emergency Notify Name:	Policy #
Do you have medical/health care coverage aval/parents? Yes No If yes: Insurance Company: Part -3 In Case of Emergency Notify Name: Home Phone:	Policy # Relationship: Cell or Other Phone:
Do you have medical/health care coverage aval/parents? Yes No If yes: Insurance Company: Part -3 In Case of Emergency Notify Name: Home Phone:	Policy # Relationship: Cell or Other Phone:
Do you have medical/health care coverage aval/parents? Yes No If yes: Insurance Company: Part -3 In Case of Emergency Notify Name: Home Phone: Address:	Policy #
Do you have medical/health care coverage aval/parents? Yes No If yes: Insurance Company: Part -3 In Case of Emergency Notify Name: Home Phone: Address: Home Phone:	Policy #
Do you have medical/health care coverage aval/parents? Yes No If yes: Insurance Company: Part -3 In Case of Emergency Notify Name: Home Phone: Address: Home Phone: Address:	
Do you have medical/health care coverage aval/parents? Yes No If yes: Insurance Company: Part -3 In Case of Emergency Notify Name: Home Phone: Address: Home Phone: Address:	Relationship: Cell or Other Phone: Relationship: Cell or Other Phone:

Yuba College Regional Fire Academy

Personal Protective Equipment Use Authorization Form

This form is used to authorize your employee to use your agency PPE during the fire academy. Your employee is responsible for the proper care and security of the equipment while it is assigned to them and for inspecting and verifying the condition of the equipment at the start and end of each training session. Normally, departments will allow use of helmet, structural pants, and structural coat, hood, shroud, and gloves. If allowing use of additional equipment, please note below

NAIVIE OF A	IGENCY:			=
EQUIPMEN	T INFORMATION	l:		
			Serial #	
		Item:	Serial #	
		Item:	Serial #	
		Item:	Serial #	
		Item:	Serial #	
		Item:	Serial #	
NOTES:				
APPROVAL	S:			
Employee:	Print Name		Date	
	Sign			
Fire Chief:	Print Name	_	Date:	
	Sign			



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 o	address and contact information:
Full Release, no restrictions	
Not released	
Additional Explanation	
Doctors Name (printed):	Physician's Stamp
Signature:	
Address:	
Phone:	



YUBA COLLEGE FIRE TECHNOLOGY FIREFIGHTER 1 STATEMENT OF APPLICANT



It is my intention to enroll in the Yuba College Firefighter 2 Academy (FIRTC 69) 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:
 - o **Monday, April 22, 2024**. The hours will be 1730-1900 hours.
- I must complete all college requirements for registration including counseling and payment of fees. 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 2 Academy Course Completion Certificate, I must successfully complete FIRTC 69
- I understand that I must provide proof of a physical exam, purchase of PPE and uniforms, and rental of equipment by **Wednesday**, **April 17**, **2024**.
- 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 understand that I will be responsible for certifications and exam fees when required.

PRINTNAME:	
SIGNATURE:	DATE: