

**Red Rocks Community College  
Firefighter I Training Academy  
Student Information/Application Packet  
Fall 2012**



- Instructions:** Please read the entire packet thoroughly to clearly understand the application process and academy expectations.
- Next Academy:** Begins on Thursday, August 23, 2012 and continues every Thursday and Friday through December 14, 2012. The mandatory orientation for the spring 2012 academy will be held on Monday, August 13, 2012 from 6:00 to 8:00 pm at the West Metro Fire Training Center. Specific dates for the State of Colorado Division of Fire Safety (CDFS) certification testing (Firefighter I and Hazardous Materials Operations) will be announced during the academy. Academy enrollment is limited to 70 students.
- Course:** The intensive 12-college credit program is 16 weeks in length (including state testing). Classes meet on Thursday and Friday from 7:00 a.m. to 5:00 p.m. each day. Students should expect to spend approximately 2 hours of study/practice time for each hour spent in class and on practical drills.
- Location:** West Metro Fire Rescue Training Center  
3535 South Kipling Street, Lakewood, CO 80235
- Requirements:** Applicants must be at least 18 years of age, possess a high school diploma or GED, complete an assessment test (ACCUPLACER or ACT) and score into college level English (or show evidence of completion of the appropriate course work in English). Persons with an Associate's degree or higher are exempt from taking the assessment test.
- Physical Demands:** Firefighting is an extremely physically demanding profession. Students are expected to be physically fit. To participate in the academy, students are required to pass the WMFR Physical Ability Test. The test is administered in the second week of the academy. Information is available at <http://www.westmetrofire.org/index.aspx?nid=619>. Students should have an exercise program prior to attending the academy, and start increasing their endurance and aerobic conditioning several months prior to the start of the academy. Students may want to consider taking FST 160, the Candidate Physical Ability Test prep class, the semester prior to attending the academy.
- Academic Demands:** The program demands a high level of academic performance both within the classroom as well as with homework assignments. This requires the student attend all class sessions as well as adequately prepare for and follow through with the workload outside of class. Students can expect approximately two hours of homework/study time for each hour of time spent in class. This equates to an additional 32 hours per week outside of the classroom or drill ground. RRCC discourages students from participating in the academy if this is their first semester of post secondary education. This is due to the heavy workload and self discipline necessary to successfully complete the academy.
- Fire Academy Certificate:** Students who successfully complete all required courses will receive a Firefighter I Academy certificate from Red Rocks Community College (RRCC) and are eligible to take the (CDFS) Firefighter I and Hazardous Materials Operations certification exams.
- Program Cost:** Please note that two classes actually comprise the RRCC Firefighter I Academy:

FST 100            Essentials of Firefighting/Firefighter I Academy  
FST 107            Hazardous Materials Operations

*FST 107 is a required co-requisite for FST 100*

Resident tuition and fees (with COF applied) are approximately \$1,800\*. Nonresident tuition and fees are approximately \$5,900\*. Included in these figures is a special Fire Science fee of \$345\*. Financial aid may be available. Please contact RRCC Financial aid directly with questions. *\*Tuition and fees are subject to change.*

In addition, each student must purchase required textbooks and workbooks (approximately \$150), NFPA compliant structural firefighting “bunker” boots (approximately \$200), NFPA compliant structural firefighting gloves (approximately \$75), Protective hood (approximately \$35), two academy tee shirts (approximately \$15 each) and two Blue BDU style pants (approximately \$35 each). Vendor information will be provided at the orientation session.

Students who pass the Firefighter academy and receive a Firefighter I Academy certificate from RRCC may take the CDFS Firefighter I written and practical certification exam including the live burn (approximately \$150).

Students who pass the Hazardous Materials class final written exam may take the CDFS Hazardous Materials Operations written and practical certification exam (approximately \$100).

**Application Process:** Please complete the steps shown below:

- Complete the RRCC online application and sign up for COF (College Opportunity Fund) at [www.rrcc.edu](http://www.rrcc.edu).
- Complete the ACCUPLACER or ACT Assessment Test and score into college level English (or show evidence of completion of the appropriate course work in English). Instructions for the ACCUPLACER are shown below. Persons with an Associate’s degree or higher are exempt from taking the assessment test.
- Obtain a copy of your high school diploma or GED.
- Obtain printed confirmation of submission of a background check through American DataBank. (Instructions are included in this packet).
- Obtain proof of age 18 by the first day of class (no exceptions).

Once the above documents/processes have been/completed, meet with Career and Tech Ed Advisor, Sarah Goepel [sarah.goepel@rrcc.edu](mailto:sarah.goepel@rrcc.edu). Advisor Goepel registers students for the Fire Academy every Wednesday at 10:00am and 4:00pm. Advisor Goepel will check for completion of the above.

**ACCUPLACER  
Assessment Test**

*Please submit an application for admission to Red Rocks Community College online before you take the ACCUPLACER test in the Assessment Center.*

The ACCUPLACER test is offered at the RRCC Assessment Center (303-914-6720). Please check the website [www.rrcc.edu/assessment/](http://www.rrcc.edu/assessment/) for testing times. No appointment is needed, the exam is computerized, and the test is free. Allow approximately two hours to complete the exam. ACCUPLACER tests taken in the last five years are acceptable. All applicants including those with advanced degrees are required to complete this assessment test. Minimum scores required are 80 in the reading section and 95 in sentence skills.

**Information**

All students interested in attending the Firefighter I Academy at RRCC should

**Sessions:** attend an information session. A schedule of information sessions may be found at [www.rrcc.edu/fire](http://www.rrcc.edu/fire).

**Mandatory Orientation:** The mandatory orientation for the Fall 2012 academy will be held on Monday, August 13, 2012 from 6:00 to 8:00 pm at the West Metro Fire Training Center.

**All Red Rocks Fire Academy students must attend the mandatory Academy orientation.** The Fire Academy training is physically and mentally rigorous and exacting; students are strongly encouraged to bring parents or spouses to this meeting so that they, too, may understand what will be asked of each Fire Academy student.

At the orientation, the Red Rocks Fire Academy Drill Instructor and Coordinator will explain the guidelines, procedures, and policies required to successfully complete the Academy and pass the CDFS written and practical exams. RRCC Fire Academy instructors teach to the National Fire Protection Standard 1001 (NFPA), and all instruction is mandated according to this standard.

**First Day of class:** On the first day of class, students are expected to turn in copies (Do not bring originals) of the following:

- Copy of Driver's License
- Copy of CPR card (American Heart Association "BLS for Healthcare Providers or American Red Cross "CPR for Professional Rescuers." This course is offered at RRCC as HPR 102) The CPR card must be current at the time of entry in the academy and remain valid through the end of the academy.
- Copy of document showing proof of current health insurance
- Completed Student Information Form (included in this packet)
- Completed Medical Release Form (included in this packet)
- Completed RRCC Release of Liability Form (provided at the orientation)
- Completed WMFR Release of Liability Form (provided at the orientation)

**Attachments:** Instructions for Background Screening  
Student Information Form  
Medical Release Form (For medical exam)  
Appendix C to CFR Sec. 1910.134 (Respiratory Protection) (For medical exam)

## INSTRUCTIONS FOR BACKGROUND SCREENING

**Step 1:** Go to [www.healthcareex.com](http://www.healthcareex.com)

**Step 2:** Go to **Click to Order** near the bottom of the page on this Website and start the application. Select package 1, the criminal background check without a drug test or fingerprint check (\$59\*). \*Subject to change.

### DISQUALIFYING OFFENSES

Any conviction or deferred adjudication of the following criminal offenses (Felony or Misdemeanor) appearing on a criminal background check will disqualify an applicant for admission to a CCCS Health Program.

I. Crimes against persons (physical or sexual abuse, neglect, assault, murder, etc.). as defined in section 18-1.3-406 C.R.S.

II. Any offense involving unlawful sexual behavior.

III. Any underlying basis of which has been found by the court on the record to include an act of domestic violence, as defined in section 18-6-800.3 C.R.S.

IV. Any crime of child abuse, as defined in section 18-6-401 C.R.S.

V. Any crime related to the sale, possession, distribution or transfer of narcotics or controlled substances.

VI. Crimes of theft

VII. Any offense of sexual assault on a client by a psychotherapist, as defined in section 18-3-405.5 C.R.S.

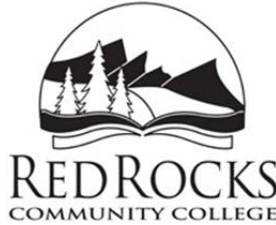
VIII. Crimes of moral turpitude (prostitution, public lewdness/exposure, etc.)

IX. Registered sex offenders

X. Any offense in another state, the elements which are substantially similar to the elements of any of the above offenses.

(Students who have completed the terms of their deferred adjudication agreement, those crimes will not be disqualifying.)





## Firefighter I Academy Medical Release Form

Please type or print

Name: \_\_\_\_\_  
Last First Middle initial

### INSTRUCTIONS FOR PHYSICIAN:

The above-named person has been extended an offer of admission to the Red Rocks Community College Fire Academy. To matriculate into the Academy, the student must demonstrate that he/she is free of any medical conditions that would prevent him/her from performing the physical tasks necessary for a fire career.

Academy students are expected to perform at emergency incidents and will be required to perform in training drills and emergency exercises. Students will participate in exercises that include but are not limited to fire suppression activities, ladder exercises, hose and fire stream operations, and physical conditioning. Tasks that the academy students will be asked to do (but are not limited to) will include: running, sitting, lifting, throwing, kneeling, squatting; general calisthenics - sit ups, pull ups, pushing, jumping, and obstacle courses, etc.

These students are required to meet the standards of CFR 1910.134 (Respiratory Protection). Appendix C (included in this packet).

At the expense of the student, please interview and examine this prospective student and complete the statement below.

For questions, please contact the Red Rocks Fire Academy Coordinator at 303-914-6405.

### STATEMENT OF PHYSICIAN

I understand that the above-named person has been extended a conditional offer of admission to the Red Rocks Fire Academy during the \_\_\_\_\_ (Semester) \_\_\_\_\_ (Year).

I have examined \_\_\_\_\_ (student) and have determined that he/she is in good physical condition and has no physical disabilities that would prevent him/her from performing the physical tasks necessary for a fire career.

EXAMINING PHYSICIAN: \_\_\_\_\_

SIGNATURE OF PHYSICIAN: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

Note: Examining physician must be a licensed doctor of medicine or osteopathy

**RED ROCKS COMMUNITY COLLEGE**

**FIREFIGHTER I ACADEMY  
REFERENCE DOCUMENT FOR EXAMINING PHYSICIAN**

**This document is provided for reference purposes only and does not have to be completed by the student or the physician.**

Medical conditions that may disqualify a person from participating in the academy include but are not limited to:

1. All uncontrolled seizure disorders
2. Allergic respiratory disorder
3. Anemia
4. Arthritis
5. Asthma
6. Chronic lung diseases
7. Chronic sinusitis
8. Congestive heart failure
9. Diabetes mellitus
10. Disorders producing orthostatic hypotension
11. Documented predisposition to heat stress
12. Emphysema
13. Hemophilia, Von Willebrand's disease and other clotting/bleeding disorders
14. Hernia
15. Impaired immune system
16. Labyrinthine or vestibular disorders with vertigo
17. Malignant diseases not in remission
18. Multiple sclerosis
19. Muscular atrophies
20. Myocardial insufficiency
21. Neurological disorders with ataxia
22. Peripheral vascular disease
23. Pregnancy (after 1st trimester)
24. Progressive muscular dystrophy
25. Severe congenital deformities of the spine, trunk, or limbs
26. Severe eczema or other dermatitis including dyshidrotic types
27. Severe limitations of motion of joints

Additional Reference: NFPA 1582 – Medical requirements for fire fighters

## Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Can you read (circle one): Yes/No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: \_\_\_\_\_

2. Your name: \_\_\_\_\_

3. Your age (to nearest year): \_\_\_\_\_

4. Sex (circle one): Male/Female

5. Your height: \_\_\_\_\_ ft. \_\_\_\_\_ in.

6. Your weight: \_\_\_\_\_ lbs.

7. Your job title: \_\_\_\_\_

8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): \_\_\_\_\_

9. The best time to phone you at this number: \_\_\_\_\_

10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No

11. Check the type of respirator you will use (you can check more than one category):

a. \_\_\_\_\_ N, R, or P disposable respirator (filter-mask, non-cartridge type only).

b. \_\_\_\_\_ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator (circle one): Yes/No

If "yes," what type(s): \_\_\_\_\_  
\_\_\_\_\_

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month: Yes/No

2. Have you *ever had* any of the following conditions?

a. Seizures: Yes/No

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b. Diabetes (sugar disease): Yes/No

c. Allergic reactions that interfere with your breathing: Yes/No

d. Claustrophobia (fear of closed-in places): Yes/No

e. Trouble smelling odors: Yes/No

3. Have you *ever had* any of the following pulmonary or lung problems?

a. Asbestosis: Yes/No

b. Asthma: Yes/No

c. Chronic bronchitis: Yes/No

d. Emphysema: Yes/No

e. Pneumonia: Yes/No

f. Tuberculosis: Yes/No

g. Silicosis: Yes/No

h. Pneumothorax (collapsed lung): Yes/No

i. Lung cancer: Yes/No

j. Broken ribs: Yes/No

k. Any chest injuries or surgeries: Yes/No

l. Any other lung problem that you've been told about: Yes/No

4. Do you *currently* have any of the following symptoms of pulmonary or lung illness?

a. Shortness of breath: Yes/No

b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No

c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No

d. Have to stop for breath when walking at your own pace on level ground: Yes/No

e. Shortness of breath when washing or dressing yourself: Yes/No

f. Shortness of breath that interferes with your job: Yes/No

g. Coughing that produces phlegm (thick sputum): Yes/No

h. Coughing that wakes you early in the morning: Yes/No

i. Coughing that occurs mostly when you are lying down: Yes/No

j. Coughing up blood in the last month: Yes/No

k. Wheezing: Yes/No

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- l. Wheezing that interferes with your job: Yes/No
- m. Chest pain when you breathe deeply: Yes/No
- n. Any other symptoms that you think may be related to lung problems: Yes/No
- 5. Have you *ever had* any of the following cardiovascular or heart problems?
  - a. Heart attack: Yes/No
  - b. Stroke: Yes/No
  - c. Angina: Yes/No
  - d. Heart failure: Yes/No
  - e. Swelling in your legs or feet (not caused by walking): Yes/No
  - f. Heart arrhythmia (heart beating irregularly): Yes/No
  - g. High blood pressure: Yes/No
  - h. Any other heart problem that you've been told about: Yes/No
- 6. Have you *ever had* any of the following cardiovascular or heart symptoms?
  - a. Frequent pain or tightness in your chest: Yes/No
  - b. Pain or tightness in your chest during physical activity: Yes/No
  - c. Pain or tightness in your chest that interferes with your job: Yes/No
  - d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
  - e. Heartburn or indigestion that is not related to eating: Yes/No
  - d. Any other symptoms that you think may be related to heart or circulation problems: Yes/No
- 7. Do you *currently* take medication for any of the following problems?
  - a. Breathing or lung problems: Yes/No
  - b. Heart trouble: Yes/No
  - c. Blood pressure: Yes/No
  - d. Seizures (fits): Yes/No
- 8. If you've used a respirator, have you *ever had* any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)
  - a. Eye irritation: Yes/No
  - b. Skin allergies or rashes: Yes/No
  - c. Anxiety: Yes/No

d. General weakness or fatigue: Yes/No

e. Any other problem that interferes with your use of a respirator: Yes/No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you *ever lost* vision in either eye (temporarily or permanently): Yes/No

11. Do you *currently* have any of the following vision problems?

a. Wear contact lenses: Yes/No

b. Wear glasses: Yes/No

c. Color blind: Yes/No

d. Any other eye or vision problem: Yes/No

12. Have you *ever had* an injury to your ears, including a broken ear drum: Yes/No

13. Do you *currently* have any of the following hearing problems?

a. Difficulty hearing: Yes/No

b. Wear a hearing aid: Yes/No

c. Any other hearing or ear problem: Yes/No

14. Have you *ever had* a back injury: Yes/No

15. Do you *currently* have any of the following musculoskeletal problems?

a. Weakness in any of your arms, hands, legs, or feet: Yes/No

b. Back pain: Yes/No

c. Difficulty fully moving your arms and legs: Yes/No

d. Pain or stiffness when you lean forward or backward at the waist: Yes/No

e. Difficulty fully moving your head up or down: Yes/No

f. Difficulty fully moving your head side to side: Yes/No

g. Difficulty bending at your knees: Yes/No

h. Difficulty squatting to the ground: Yes/No

i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No

j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion

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of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No

If "yes," name the chemicals if you know them: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

- a. Asbestos: Yes/No
- b. Silica (e.g., in sandblasting): Yes/No
- c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
- d. Beryllium: Yes/No
- e. Aluminum: Yes/No
- f. Coal (for example, mining): Yes/No
- g. Iron: Yes/No
- h. Tin: Yes/No
- i. Dusty environments: Yes/No
- j. Any other hazardous exposures: Yes/No

If "yes," describe these exposures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List any second jobs or side businesses you have: \_\_\_\_\_  
\_\_\_\_\_

5. List your previous occupations: \_\_\_\_\_  
\_\_\_\_\_

6. List your current and previous hobbies: \_\_\_\_\_  
\_\_\_\_\_

7. Have you been in the military services? Yes/No

If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes/No

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications):

Yes/No

If "yes," name the medications if you know them: \_\_\_\_\_

10. Will you be using any of the following items with your respirator(s)?

a. HEPA Filters: Yes/No

b. Canisters (for example, gas masks): Yes/No

c. Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:

a. Escape only (no rescue): Yes/No

b. Emergency rescue only: Yes/No

c. Less than 5 hours *per week*: Yes/No

d. Less than 2 hours *per day*: Yes/No

e. 2 to 4 hours per day: Yes/No

f. Over 4 hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort:

a. *Light* (less than 200 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: \_\_\_\_\_hrs. \_\_\_\_\_mins.

Examples of a light work effort are *sitting* while writing, typing, drafting, or performing light assembly work; or *standing* while operating a drill press (1-3 lbs.) or controlling machines.

b. *Moderate* (200 to 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: \_\_\_\_\_hrs. \_\_\_\_\_mins.

Examples of moderate work effort are *sitting* while nailing or filing; *driving* a truck or bus in urban traffic; *standing* while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; *walking* on a level surface about 2 mph or down a 5-degree grade about 3 mph; or *pushing* a wheelbarrow with a heavy load (about 100 lbs.) on a level surface. c. *Heavy* (above 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: \_\_\_\_\_hrs. \_\_\_\_\_mins.

Examples of heavy work are *lifting* a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; *shoveling*; *standing* while bricklaying or chipping castings; *walking* up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes/No

If "yes," describe this protective clothing and/or equipment: \_\_\_\_\_

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes/No

15. Will you be working under humid conditions: Yes/No

16. Describe the work you'll be doing while you're using your respirator(s):

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17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

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18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

Name of the second toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

Name of the third toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

The name of any other toxic substances that you'll be exposed to while using your respirator:

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19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

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