# RRCC FST Logo**RRCC LogoRed Rocks Community College**

# **Fire Fighter I Academy Information**

# **Spring 2019 Application Packet**

This intensive 12 college credit hour program is 16 weeks in length (including state testing). The Academy provides an intensive instructional program that satisfies the certification requirement to take the State Firefighter I exams. The Academy’s rigorous instruction includes lectures by seasoned firefighters, and hands-on practical’s at West Metro Fire Rescue’s state of the art live burn facilities. The Academy student will experience operations such as house burns, car fires, forcible entry, ground fires, and many others. If you are looking for a career in firefighting, or if you want to serve as a volunteer firefighter in your community, this is an excellent place to begin.

Students who pass the Firefighter I portion may take the State (CDFP&C) Firefighter I written and practical certification exams, including the live burn exam (approximately $150).

State exams are not a requirement to pass the Academy.

Students who pass the Hazardous Materials portion may take the State (CDFP&C) Hazardous Materials Awareness and Operations written exams and practical certification exam (approximately $120).

State exams are not a requirement to pass the Academy.

**Please read the entire packet thoroughly for clear understanding of the application process and Academy expectations. All phases of the Academy are held at:**

**West Metro Fire Rescue Training Center**

**3535 S Kipling Street**

**Lakewood, CO 80235**

## **Mandatory Orientation:**

* The **mandatory orientation** for the Spring 2019 Academy will be held on **January 8th** from 6:00 to 8:00 pm at the West Metro Fire Rescue Training Center
* The Fire Academy training is academically, 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 Master and Coordinator will explain the guidelines, procedures, and policies required to successfully complete the Academy and pass the State written and practical exams

## **General Information:**

* The Academy is held every Thursday and Friday from 6:50am to 5:00pm and runs January 24th to May 10th, 2019.
* There is a maximum enrollment of 70 students
* Students should plan on spending approximately 2 hours of study/practice time for each hour spent in class and on practical skills (roughly 36 hours of homework/study per week)
* The State of Colorado Division of Fire Prevention & Control (CDFP&C) certification testing dates (Firefighter I and Hazardous Materials Operations) will be announced in the Academy
* RRCC Fire Academy Instructors teach to the National Fire Protection Standard 1001 (NFPA), and all instruction is mandated according to this standard

## **Schedule:**

The fire academy consists of FST 100 and FST 107 which will meet at the West Metro Fire Rescue Training Center on Thursdays and Fridays. FST 170 is optional, but highly recommended and will meet on Tuesdays. Your clinical rides will be scheduled outside of any class time.

| **Course** | **Title** | **Day(s)** | **Class Times** | **Course Dates** |
| --- | --- | --- | --- | --- |
| FST 100 - 551 | Essentials of Firefighting | RF | 6:50 am – 5:00 pm | 1/24/19 – 5/10/19 |
| FST 107 - 551 | Hazardous Materials Operations | RF | 6:50 am – 5:00 pm | 1/24/19 – 5/10/19 |
| FST 170 - 001 | Fire Academy Clinical 1 | T | 7:30 am – 8:45 am | 1/22/19 – 5/14/19 |

## **Prerequisites:**

* Proof of age 18 by the first day of class (no exceptions)
* Must possess a high school diploma or GED
* The student must be eligible to enroll in ENG 121 or provide proof of completion of ENG 121, or its equivalent, with a grade of C or higher

## **Co-requisites:**

The fire academy is generally taken during the third semester of the Fire and Emergency Services Degree, or the second semester of the Fire Science Technology Degree. It is highly recommended that you take at least one three credit general education course during this semester to stay on track to complete either degree in four semesters

## **Program Cost:**

Resident tuition and fees (with COF applied) are approximately $2,500. Nonresident tuition and fees are approximately $7,750. Included in these figures is a special Fire Science fee of $360. Financial aid may be available. Please contact RRCC Financial aid directly with questions.

Each student must purchase required textbooks and workbooks (approximately $300), NFPA compliant structural firefighting “bunker” boots (approximately $150), NFPA compliant structural firefighting gloves (approximately $80), Protective hood (approximately $40), two academy tee shirts (approximately $15 each) and two Blue BDU style pants (approximately $35 each). Vendor information will be provided at the orientation.

**All tuition and costs listed are approximate and subject to change.**

## **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 West Metro Fire Rescue Physical Ability Test (WMFR PAT). The test is administered at the start of the academy. Information about the PAT is available at:

* [WMFR Physical Ability Test (PAT)](http://www.westmetrofire.org/documentcenter/view/3370)
* [WMFR Detailed Physical Ability Test](http://www.westmetrofire.org/documentcenter/view/4059)
* [WMFR PAT Video](http://youtu.be/qbwtNImrkC0)
* [WMFR PAT Suggested Work-Out Programs](http://www.westmetrofire.org/documentcenter/view/3314)

Students should not underestimate the physical demands of the academy. It is crucial that students 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. It is highly recommended that students take FST 160, the Physical Abilities Test Prep class, the semester prior to attending the academy.

Students are required to provide a signed Medical Release Form on the first day of the Academy**. Students will not be allowed to participate without this form.** RRCC students can have this form completed at the Red Rocks Student Health Clinic.

## **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 or on Drill Ground. **This equates to an additional 36 hours per week outside of the classroom or Drill Grounds**.

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. Students will need a high level of maturity to meet the challenge.

## **College Placement Exam:**

The college placement exam is offered at the RRCC Assessment Center for students who have not met the English 121 pre-requisite. Please visit the [Assessment Center website](http://www.rrcc.edu/assessment) for testing times and availability, or contact them at 303-914-6720.

No appointment is needed for the computerized exam and there is no cost for the initial attempt. Allow approximately two hours to complete the exam. Placement exams must have been taken within the last five years to be accepted for admission into the academy

## **Registration Process:**

Registration for the spring 2019 semester will start on November 5th, 2018. Students with all of the required pre-requisites are admitted to the program on a first-come, first-served basis. Please complete the steps shown below to register for the course:

* Complete the RRCC online application and sign up for COF (College Opportunity Fund) at [Red Rocks Community College](http://www.rrcc.edu).
* Ensure eligibility to enroll in ENG 121 either through placement exam scores or prior coursework, or show proof of prior completion of ENG 121, or its equivalent, with a C or better.
* Obtain a copy of your high school diploma or GED.
* Complete a background check (Instructions come later in this document)
* Obtain proof of age 18 by the first day of class (no exceptions).
* Once the above documents/processes have been completed, meet with a RRCC advisor. Advisors register students for the Fire Academy and will check for completion of this application.
* Complete FEMA online classes to obtain the ICS certificates.

## **First Day of Class:**

* **Bring the following information to the first day of class**
* Copy of Driver’s License or a government issued photo ID with birthdate
* Copy of FEMA ICS 100, ICS 200, and ICS 700 certificates
* Proof of completion of a background check through CastleBranch
* Proof of healthcare insurance
* Completed student information form
* A completed medical release form, signed by a health care provider, documenting that you do not have any condition that would endanger your health during your education
* Proof of vaccinations and a TB test within 12 months are also required.
* The medical release form and vaccinations can be completed by the student’s primary care physician, or at the Red Rocks student health clinic
* A completed RRCC Release of Liability Form
* A completed WMFR Release of Liability Form
* A CPR card demonstrating completion of a CPR course at either the *Healthcare Provider* or *BLS Provider* level. This is a one day course offered at Red Rocks Community College as HPR 102. It may also be taken at any CPR training center. The card must be valid through 5/31/2019
* Required textbooks obtained from the RRCC bookstore

## **Background Check**

The background check is completed by an external company, CastleBranch, and is mandatory for all students participating in a healthcare program. Background checks must have been completed within the last 12 months, and cannot be transferred from another school.

Please visit the [CastleBranch website](http://cccs.castlebranch.com/) (cccs.castlebranch.com) to complete the background check.

* On the home screen please click on “Place Order”
* Click on “Red Rocks Community College” on the page requesting you to select your school
* From the dropdown box choose “Fire Science Technology Academy”
* From the next dropdown box that appears on that page choose the appropriate option
* Do not click anything, just wait for the page to reload
* Confirm your order, click the box at the bottom indicating you have read the terms and conditions, and click on “Continue Order”
* Complete the following screens providing the requested information.

Be sure your information is correct. It is not possible to make changes to your order after it has been submitted. IF your order is submitted with incorrect information you will need to submit another background check with additional fees.

Please contact CastleBranch at 1-888-723-4263 or [customerexp.cu@castlebranch.com](mailto:customerexp.cu@castlebranch.com) with any questions or if you experience any problems with the ordering process.

If the investigation reveals information that could be relevant to the application, the designated individual responsible for background checks may request additional information from the applicant. The offense shall be reviewed on a case by case basis.

Students who have successfully completed the terms of a deferred adjudication agreement will not be disqualified.

If any applicant feels the criminal background check is inaccurate, they may appeal the decision and request a review with the specific community college applied at. It is the applicant’s burden to produce substantial evidence that proves the crimes charged are incorrect.

**Disqualifying offenses:**

Any conviction of the following criminal offenses appearing on a criminal background check will disqualify an applicant for admission to a CCCS Health Program.

* Any violent felony convictions of homicide
* Crimes of violence (assault, sexual offense, arson, kidnapping, any crime against an at-risk adult or juvenile, etc.) as defined in section 18-1.3-406 C.R.S. in the 7 years immediately preceding the submittal of application
* Any offense involving unlawful sexual behavior in the 7 years immediately preceding the submittal of application
* Any offense of which the underlying basis 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. in the 7 years immediately preceding the submittal of application
* Any crime of child abuse, as defined in section 18-6-401 C.R.S. in the 7 years immediately preceding the submittal of application
* Any crime related to the sale, possession, distribution or transfer of narcotics or controlled substances in the 7 years immediately preceding the submittal of application
* Any felony crimes of theft in the 7 years immediately preceding the submittal of application
* Any misdemeanor crimes of theft in the 5 years immediately preceding the submittal of application
* Any offense of sexual assault on a client by a psychotherapist, as defined in section 18-3-405.5 C.R.S. in the 7 years immediately preceding the submittal of application
* Crimes of moral turpitude (prostitution, public lewdness/exposure, etc.) in the 7 years immediately preceding the submittal of application
* Registered sex offenders (No time limit)
* More than one (1) D.U.I. in the 7 years immediately preceding the submittal of application
* Any offense in another state, the elements which are substantially similar to the elements of any of the above offenses

Approved CCCS 6/8/2007. Re-approved 4/12/2012. Reviewed and amended 6/15/2015

## **Acceptable BCLS Cards**

As stated in Colorado Board of Health Rules 6-CCR-1015-3, Chapter 1- EMS Rules CPR at the healthcare provider level is required to be an EMT in the state of Colorado. Moreover most of the EMS agencies and hospitals we utilize for the clinical and internship portions of our programs require CPR for the Healthcare Provider or BLS provider from the American Heart Association. Therefore the following CPR cards are the only ones that will be accepted by the RRCC EMS Program.

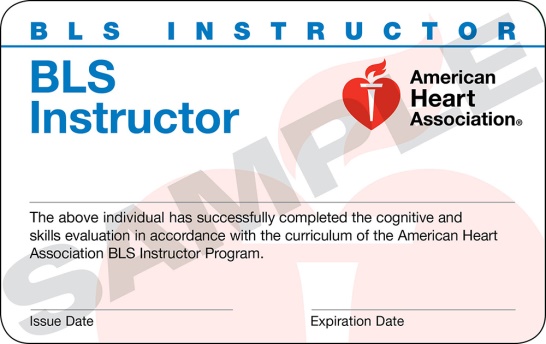
### **American Heart Association**

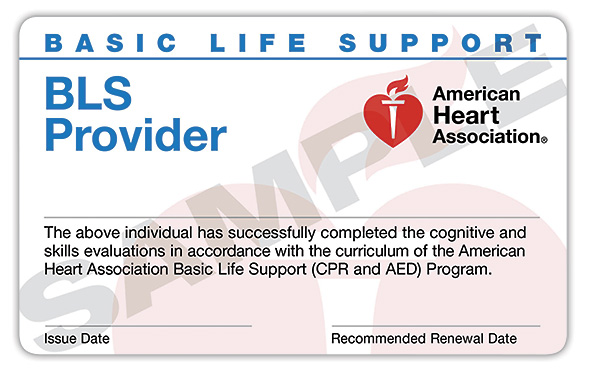
* Healthcare Provider
* BLS Provider
* BLS Instructor
* BLS Training Center Faculty

The BLS Provider course is a one day course offered at Red Rocks Community College as HPR 102

The exact card issued may look like one of the examples on this page or may vary based on when it was issued.

The decisions of the RRCC clinical coordinator regarding whether or not a course meets the RRCC clinical requirements is final







## **Firefighter I Academy Student Information Form**

## **Please type or print**

Student ID number: (S number issued by RRCC):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Date of Birth: (Month, Day, Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Emergency Contacts**

Name Relationship Primary Phone Secondary Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an emergency, I hereby authorize Red Rocks Community College and/or West Metro Fire to release all information on this form to appropriate medical personnel.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Red Rocks Firefighter 1 Academy Medical Release Form**

## **Please Type or Print**

**Instructions for Providers**

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). At the expense of the student, please interview and examine this prospective student and complete the statement on the following page.

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

* All uncontrolled seizure disorders
* Allergic respiratory disorder
* Anemia
* Arthritis
* Asthma
* Chronic lung diseases
* Chronic sinusitis
* Congestive heart failure
* Diabetes mellitus
* Disorders producing orthostatic hypotension
* Documented predisposition to heat stress
* Emphysema
* Hemophilia, VonWillebrand's disease and other clotting/bleeding disorders
* Hernia
* Impaired immune system
* Labyrinthine or vestibular disorders with vertigo
* Malignant diseases not in remission
* Multiple sclerosis
* Muscular atrophies
* Myocardial insufficiency
* Neurological disorders with ataxia
* Peripheral vascular disease
* Pregnancy (after 1st trimester)
* Progressive muscular dystrophy
* Severe congenital deformities of the spine, trunk, or limbs
* Severe eczema or other dermatitis including dyshidrotic types
* Severe limitations of motion of joints

Additional Reference: NFPA 1582 – Medical requirements for fire fighter

This form is valid for 12 calendar months.

You are welcome to call the Red Rocks Fire Academy Coordinator at 303-914-6405. Please complete and sign the back of this sheet. Thank you!

## **Red Rocks Firefighter 1 Academy Medical Release Form**

**Name of patient:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand the above-named patient has been tentatively extended an offer of admission to the Red Rocks Firefighter 1 Academy during the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ semester of 20\_\_\_\_\_

I have examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and have determined that in accordance with CFR 1910.134 (Respiratory Protection) the applicant

\_\_\_ Does *not* have a health or physical condition which could endanger the health or well-being of themselves, faculty or students, or would prevent them from performing the physical tasks required for a firefighter academy

\_\_\_ Does appear to have a health or physical condition which could endanger the health or well-being of themselves, faculty or students, or would prevent them from performing the physical tasks required for a firefighter academy

## **Additional Requirements:**

Please also provide documentation of the following tests/vaccinations:

1. Chicken pox or Varivax vaccination Date of illness or vaccination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Tetanus Date of last vaccination or booster: \_\_\_\_\_\_\_\_\_\_\_\_\_
3. MMR Date of last vaccination or booster: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Tuberculosis Testing ( less than one year old)

Date Tested: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date Read: \_\_\_\_\_\_\_\_\_\_\_\_ Positive/Negative (circle one)

If **positive**, date re-tested: \_\_\_\_\_\_\_\_ Date Read: \_\_\_\_\_\_\_\_ Positive/Negative (circle one)

If **positive**, date of Chest X-Ray: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If **positive**, start date/end date of treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Hepatitis B Vaccine (3-shot series)

Date 1st vaccine received \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Titer Date (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date 2nd vaccine received \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date 3rd vaccine received \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Seasonal Influenza Vaccine Date of vaccination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of provider*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Printed name and Professional Degree of provider*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Telephone number*

## **RED ROCKS COMMUNITY COLLEGE**

## **STUDENT WAIVER OF LIABILITY FORM**

Red Rocks Community College is an Institution of Higher Education in the State of Colorado and, as such, is covered by the Colorado Governmental Immunity Act, C.R.S. 24-20-101 et seq. This law provides that the State and its institutions are immune from lawsuits for injuries suffered by private persons, except, in specific situations listed in the law, where immunity is specifically waived. In other words, by law, if a student suffers an injury as a result of a participation in instructional activities of the college, the college is immune from fiscal liability for such injury. For this reason, students are strongly encouraged to obtain medical insurance coverage, if they do not already have coverage, before participating in activities that present a risk of physical injury.

I am exercising my own free choice to participate voluntarily in (Firefighter One Training Academy), and I promise to take due care during such participation. I have been informed of the nature of these activities, and I am aware of the hazards and risks that may be associated with my participation in these activities, including the risks of bodily injury, death or damage to property from known or unknown causes.

In consideration of the privilege of participating in instruction offered by employees of Red Rocks Community College, I have and do hereby assume all risks and will hold Red Rocks Community College and its employees and agents harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with participation in instruction activities arranged for me by Red Rocks Community College or its employees or agents. The terms hereof shall serve as a release and assumption of risk for my heirs, executors and administrators and all members of my family.

In signing below I hereby assert that:

* I have read this document
* I understand that Red Rocks Community College is covered by the Colorado Governmental Immunity Act
* I am personally liable for injuries that I may suffer as a result of participation in this activity

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **WEST METRO FIRE RESCUE**

## **RELEASE AGREEMENT**

By participating in any training program (regardless of the sponsorship of such program), that involves the use of any of the facilities of the West Metro Training Center (herein, “Facilities”), the undersigned participant expressly agrees the West Metro Fire Protection District shall not be liable for any damages arising from personal injuries sustained by the party in, on or about the premises of the Facilities or as a result of using the Facilities and/or the equipment thereon.

By the execution of this Agreement, the undersigned participant acknowledges and assumes full risk and responsibility for any personal injuries, damages, or losses which may occur to such participant on or about the premises of the Facilities, regardless of participation in any program, and does hereby fully release and discharge the West Metro Fire Protection District (including its officers, employees and agents) from any and all claims, demands, rights of action or causes of action, present or future, known or unknown, resulting from arising out of the undersigned’s use of the Facilities or the equipment thereon.

The undersigned further acknowledges and agrees that the West Metro Fire Protection District (including is officers, employees, and agents) shall not be liable for any damage, loss or theft of any party’s personal property occurring while the undersigned is present at the Facilities.

The undersigned also acknowledges and agrees that the West Metro Fire Protection District, acting by and through its Training Center employees, reserves the right to call emergency medical aid for an injured party and said party accepts responsibility for any financial obligations arising from such emergency medical aid or transportation to a medical facility, through health insurance or otherwise.

Party agrees to keep and obey all rules and regulations of the West Metro Training Center for the use of facilities and the equipment and facilities therein.

This Agreement shall be interpreted in accordance with the statutes of the state of Colorado, and if any particular provision in this contract shall be deemed invalid, the same shall not affect the balance of this contract and the remaining provisions thereof.

This release and agreement shall be binding upon me, any of my heirs, executors, administrators, personal representatives and assigns, and shall inure to the benefit of the said Fire Protection District, officers, and members herein designated, and their heirs, executors, administrators, personal representatives, assigns and successors in office.

Dated this: day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

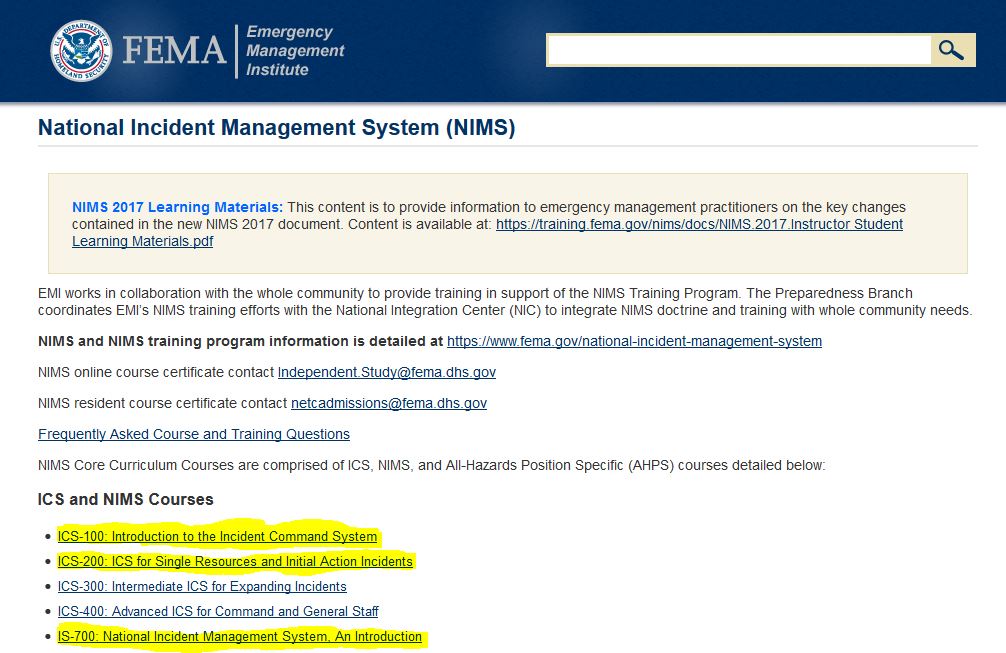
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Instructions for completing FEMA online courses**

Prior to the first day of the academy you will need to go to the [FEMA website](http://training.fema.gov/IS/NIMS.aspx) for the on-line Independent Study Program (ISP) classes. These are available at NO COST. You will need to complete the following courses and bring the certificates with you to class on the first day. Each certificate is worth 3 points towards your grade. It can take up to a week to get your certificates, so do this as soon as possible.

* [ICS-100 – Introduction to the Incident Command System](https://training.fema.gov/is/courseoverview.aspx?code=IS-100.b)
* [ICS-200 – ICS for Single Resources and Initial Action Incidents](https://training.fema.gov/is/courseoverview.aspx?code=IS-200.b)
* [ICS-700 – National Incident Management System, An Introduction](https://training.fema.gov/is/courseoverview.aspx?code=IS-700.a)

Scroll down to select a course and complete it. After you take the final test at the end of each course you will enter your information into their system and they send you an email letting you know if you passed or not. If you passed, there will be a link to a site to print out a certificate for that course. If you did not pass, you will have instructions on how to retake the test.



## **OSHA Medical Reporting**

## **To be completed by the applicant**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you worn a respirator? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_  
   1. If yes, what type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you currently smoke tobacco? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_
3. Have you smoked tobacco in the last month? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_
4. Have you ever had any of the following? (Circle or highlight all that apply)  
   1. Seizures
   2. Diabetes
   3. Allergic reactions
   4. Claustrophobia
   5. Pulmonary problems
   6. Lung problems
   7. Asbestosis
   8. Asthma
   9. Emphysema
   10. Pneumonia
   11. Tuberculosis
   12. Silicosis
   13. Pneumothorax
   14. Lung cancer
   15. Broken ribs
   16. Chest injuries
   17. Chest surgeries
   18. Other lung problems
   19. Current lung problems
   20. Shortness of breath when:
       1. Walking fast uphill
       2. Walking fast on level ground
       3. Washing or dressing
       4. Working – Interferes with job
   21. Coughing that produces phlegm
   22. Coughing that wakes you in the morning
   23. Coughing up blood
   24. Wheezing
   25. Wheezing that interferes with job
   26. Chest pain when you breathe deeply
   27. Cardiovascular or heart problems
   28. Swelling in hands or feet
   29. Stroke
   30. Angina
   31. Heart failure
   32. Heart arrhythmia
   33. High blood pressure
   34. Other heart problems
   35. Frequent pain or tightness in your chest
   36. Pain or tightness in your chest during physical activity
   37. Pain or tightness in your chest that interferes with your job
   38. Heart skipping or missing a beat
   39. Heartburn or indigestion not related to eating
5. Do you currently take medications for any of the following? (Circle or highlight all that apply)  
   1. Breathing or lung problems
   2. Heart problems
   3. Blood pressure
   4. Seizures
6. If you have used a respirator have you had any of the following? (Circle or highlight all that apply)  
   1. Eye irritation
   2. Skin allergies or rashes
   3. Anxiety
   4. General weakness or fatigue
   5. Other problems (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
7. Have you ever lost vision in either eye? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_
8. Do you currently have vision problems? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_
9. Do you wear any of the following? (Circle or highlight all that apply)  
   1. Glasses
   2. Contact lenses
10. Are you color blind? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_
11. Have you ever had any injury to your ears? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_
12. Do you currently: (Circle or highlight all that apply)  
    1. Have difficulty hearing
    2. Wear a hearing aid
    3. Have any other ear trouble
13. Have you ever had a back injury? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_
14. Do you currently have any of the following? (Circle or highlight all that apply)  
    1. Weakness in any of your arms, hands, legs, or feet
    2. Back pain
    3. Difficulty fully moving your arms or legs
    4. Pain or stiffness when you lean forward or backward at the waist
    5. Fully moving your head up and down
    6. Fully moving your head from side to side
    7. Bending at your knees
    8. Squatting to the ground
    9. Climbing a flight of stairs or ladder with more than 25 pounds
    10. Other musculoskeletal problems
15. Do you have dizziness, shortness of breath, pounding in your chest, or other symptoms at high altitudes? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_
16. Have you ever been exposed to hazardous solvents or hazardous chemicals? Yes \_\_\_\_ No \_\_\_\_\_  
    1. If yes specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
         
       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
17. Have you ever worked with any of the following? (Circle or highlight all that apply)  
    1. Asbestos
    2. Silica
    3. Tungsten
    4. Cobalt
    5. Beryllium
    6. Aluminum
    7. Coal dust
    8. Iron
    9. Tin
    10. Dusty conditions
    11. Other hazardous exposure
18. List any secondary jobs or businesses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
      
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
      
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
19. List your previous occupations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
      
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
      
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
20. List your current and previous hobbies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
      
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
      
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21. Have you ever been in the military? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_
22. Have you ever worked on a HAZMAT team? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_