Vernon College Fire/EMS Program
Basic Firefighter Academy

Academy Start & End Dates:
April 21, 2014 ~ August 8, 2014

Application Deadline: Thursday, March 27, 2014 at 5:00 p.m.

Office hours for application delivery:
FIRE/EMS Office 2304
4105 Maplewood Ave. Wichita Falls 76308
Monday-Thursday
8:00am–5:00pm

If you have any questions or concerns after reviewing the Application Packet, please contact FIRE/EMS Director Robyn Wike at (940) 696-8752 Ext 3233. The Academy Application Packet must be completed and turned into Ms. Wike for review prior to registration.
APPLICATION GUIDELINES
Information for Your Reference

Dear Fire Academy Applicant:

Thank you for your interest in the Vernon College Fire Academy. The purpose of the Basic Firefighter Academy is to serve the needs of the fire departments within Vernon College’s service area. This program will help you in preparation for a career in the Fire Service. The Vernon College Fire Academy is a licensed course that is approved by the Texas Commission on Fire Protection.

Please read the information provided to you in the following pages and follow the instructions carefully when filling out your application. Incomplete application packages, or failure to comply with these procedures, may preclude your acceptance into the Academy. The Vernon College FIRE/EMS staff would like to thank you again for your interest and look forward to your participation within the program.

COURSE INFORMATION
Vernon College will be accepting applications for:

✿ Basic Firefighter I Academy

16-week course; start date will be Monday, April 21, 2014 and end Friday, August 8, 2014. This course meets Monday through Friday from 8am to 5pm. Enrollment is limited to six students. Tuition of $2,700.00 is due at the time of acceptance/registration into academy. Scholarships are available through the Continuing Education Office for students that qualify.

Academy will be held at Wichita Falls Public Safety Training Center, 710 Flood Street, Wichita Falls, 76301. Other field locations to be announced following academy start.

COURSE DESCRIPTION
This 560-hour course provides manipulative and technical training in basic concepts of fire department organization, ropes, knots and hitches, hose and hose handling, ladder evolutions, wildland fires, fire investigation, fire prevention, salvage operations, fire department apparatus, tools and equipment, breathing apparatus, extinguishers, personal protective equipment, communications, swift water rescue, hazardous materials and physical fitness training.

MINIMUM REQUIREMENTS
- Minimum Age of 18 Years
- Must be a United States Citizen
- Must provide shot records including: Hepatitis B, Tuberculosis (within 1 year), MMR, Td, and Meningitis
- High School Graduate (or equivalent)
- Valid Driver’s License (or ID)
- AHA BLS CPR for the Healthcare Provider Certification
- Certified NREMT prior to first day of Academy (state licensure will be accepted)
- Must have a good command of the English language and be able to communicate effectively with co-workers, patients, and the general public
- Must not be under indictment for any criminal or civil offense or have a felony conviction (the state of Texas will not certify persons with a criminal history)
- Must not have a DWI, DUID, or reckless driving convictions within the past three years
- Students will need to wear appropriate uniform as outlined during orientation (Shirts may be purchased at The Uniform Shop on 10th and Brook and pants may be available at Wichita Falls Fire Department; solid black tennis shoes or boots)

PHYSICAL TRAINING
Physical Training is an important component of the Academy. All candidates must be in good physical condition before entering the Academy. Candidates will be required to complete a personal history report and statement indicating freedom from physical disabilities which would restrict physical training. Those applicants who are unable to perform typical firefighting tasks will not be accepted into the Academy.
CONDUCT
The Academy is conducted in a paramilitary format. Candidates are expected to adhere to strict rules of conduct. Appearance and grooming standards are enforced. All questions regarding Academy operations and expectations will be answered during the official orientation after acceptance into the Academy.

ACCEPTANCE
All applicants will be notified in writing within two weeks after the application deadline regarding their standing in the Academy. Successful candidates will be given instructions regarding the next phase of the application process.

DRUG SCREEN
Applicants are required to complete a drug screen prior to consideration into the Academy. The drug screen must be performed and signed by a licensed physician for eligibility. The drug screen is completed at the candidate’s expense, and no application will be considered until complete.

MEDICAL EXAMINATION
Candidates are required to participate in and pass a medical examination prior to consideration into Academy. The medical examination is completed at the candidate’s expense. Candidates may utilize their Medical Provider to perform the examination. Candidates MUST utilize the Physical Examination form provided with the Application Packet.

APPLICATION INSTRUCTIONS
Please type or use ink only. Fill out the attached application completely and return it to Vernon College FIRE/EMS Office 2304. It is the applicant’s responsibility to ensure that all pertaining documents arrive with your application packet. Your placement in the Academy will be determined upon review of your application and supporting documents. All supporting documents must be in your application package for you to be considered for the academy.

In the event numerous applications are submitted for the limited spaces available, the following criteria will be utilized to determine preference ranking:

- Recruit profile
- Education (official transcripts not required)
- AEMT, Paramedic Licensure (submit a copy of your card)
- Verification of reserve, cadet, volunteer, seasonal firefighter experience (submit on department letterhead)
- Letter of recommendation (applicants are not required to have this documents but strongly advised)
- The most qualified applicants based on work experience and/or education will be admitted.

Note: EMT Certification IS required to be considered for entry into the Academy at this time.
COMPLETE APPLICATION CHECKLIST:

- Firefighter Academy Application (Attached)
- “Tell Me About You” (Form Attached)
- Copy of Valid Driver’s License (or ID)
- Copy of Transcripts (official transcripts not required)
- Any Letters of Recommendation (optional but recommended)
- Copy of any relating certifications and/or CPR, EMT, or Paramedic cards
- Drug Screen and Medical Exam verified by a licensed physician
- Copy of complete and up-to-date immunization records

**Application Deadline: Thursday, March 27, 2014 at 5:00 p.m.**
All applications received after this date will NOT be considered

Mail Application Packet or Deliver Application Packet To:

FIRE/EMS Director Robyn Wike
Vernon College FIRE/EMS Training Program
4105 Maplewood Avenue
Wichita Falls, TX 76308

Office hours for hand-delivery:
Monday-Thursday
8:00am-5:00pm
Closed Saturday & Sunday
1. **Personal Data**

<table>
<thead>
<tr>
<th>Name (Last, First Middle)</th>
<th>Area Code</th>
<th>Home Telephone Number</th>
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<th>Mailing Address (Number &amp; Street)</th>
<th>Area Code</th>
<th>Cellular Phone</th>
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<th>Area Code</th>
<th>Work Phone</th>
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<tr>
<th>Date of Birth</th>
<th>Email Address</th>
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2. **Education**

<table>
<thead>
<tr>
<th>High School Graduate:</th>
<th>Yes</th>
<th>No</th>
<th>GED</th>
<th>Location of High School</th>
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<tr>
<th>Schools Attended other than High Schools</th>
<th>Location</th>
<th>Course of Study</th>
<th>Units Earned</th>
<th>Degree or Certificate</th>
<th>Points</th>
<th>Total Points</th>
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Please describe additional course work or training (including military), which may assist you in the Fire Service.

Please list special certificates or other competencies which may assist you in the Fire Service.

<table>
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<tr>
<th>Licensing Information</th>
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<tbody>
<tr>
<td>EMT 1 Certification:  Type: ________________ Number: ________________ Expiration Date: ____________</td>
</tr>
<tr>
<td>Driver’s License:      Type: ________________ Number: ________________ Expiration Date: ____________</td>
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</tbody>
</table>
3. Physical Conditions or Limitations

Do you have any physical limitations that would prevent you from performing tasks involved in the Firefighter I Academy?

- [ ] No
- [ ] Yes
  If yes, please explain:

4. Conviction Record

Have you ever been convicted of a criminal offense, which resulted in you being imprisoned or placed on probation?

- [ ] No
- [ ] Yes
  If yes, please explain:

5. Work Experience

You should respond completely to the information in this section. LIST YOUR MOST RECENT EMPLOYMENT FIRST. Describe different positions held with the same employer in different blocks. List all experience, paid and voluntary. Additional sheets should be attached to this application when necessary to fully describe related experience, training, education. DO NOT ENTER “SEE RESUME”.

<table>
<thead>
<tr>
<th>From: _______ To: _______</th>
<th>Title of Position:</th>
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<td>Month/Year</td>
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Name & Address of Employer:

Duties/Responsibilities:

Name & Title of Your Supervisor:

Reason for Leaving:

Number Supervised (if applicable):

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<th>From: _______ To: _______</th>
<th>Title of Position:</th>
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<td>Month/Year</td>
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Duties/Responsibilities:

Name & Title of Your Supervisor:

Reason for Leaving:

Number Supervised (if applicable):

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<tr>
<td>Month/Year</td>
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</table>

Name & Address of Employer:

Duties/Responsibilities:

Name & Title of Your Supervisor:

Reason for Leaving:

Number Supervised (if applicable):
### Basic Firefighter Academy

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<th>From:</th>
<th>To:</th>
<th>Title of Position:</th>
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Name & Address of Employer:  

Name & Title of Your Supervisor:  

Reason for Leaving:  

Number Supervised (if applicable):  

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<th>Title of Position:</th>
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Name & Address of Employer:  

Name & Title of Your Supervisor:  

Reason for Leaving:  

Number Supervised (if applicable):  

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<th>Title of Position:</th>
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</table>

Name & Address of Employer:  

Name & Title of Your Supervisor:  

Reason for Leaving:  

Number Supervised (if applicable):  

### 6. Certification of Applicant

I certify that the foregoing information and answers are true, complete, and correct. I understand that any misrepresentation or omission of facts is cause for rejection of application and removal from the eligibility list for enrollment in the Vernon College Basic Firefighter I Academy. I hereby authorize the Vernon College Fire/EMS Director to investigate all statements contained in this application.

Signature:  

Date:  

### Reminder

**Reminder:** Attach ALL necessary documentation to verify education and certifications. You MUST include a copy of a valid Texas Driver’s License (or ID).
GETTING TO KNOW YOU

The following questions will be reviewed by Vernon College FIRE/EMS Director Wike. Please answer all questions candidly.

1. Why should you be selected over other qualified candidates for the Basic Firefighter I Academy?

2. What does teamwork mean to you?

3. Your captain tells you to fetch a tool from the engine. As you walk to the engine, the Battalion Chief orders you to shut off the utilities to the building. How do you handle this situation?

4. What are your greatest strengths? What are your greatest weaknesses?
5. Firefighting is a stressful profession. How would you deal with that stress?


6. What are your three biggest accomplishments thus far?


7. What does professionalism mean to you? What role does professionalism play in the fire service?


Please attach a current Photo
Physical Exam: Vernon College Fire Academy

Vernon College Basic Fire Academy and EMS programs require proof of a physical examination by a licensed physician/health care provider before consideration as a potential candidate.

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Last</th>
<th>M/I</th>
<th>First</th>
<th>Sex</th>
<th>DOB: (DD/MM/YYYY)</th>
</tr>
</thead>
</table>

Please Complete All Blanks

<table>
<thead>
<tr>
<th>Legend: N= normal  X= abnormal  NE = Not Examined</th>
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</thead>
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<tr>
<td>Weight</td>
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<td>---------</td>
</tr>
<tr>
<td>S_______</td>
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</table>

<table>
<thead>
<tr>
<th>General Body Build</th>
<th>Skin</th>
<th>Abnormal Masses</th>
<th>Eyes</th>
<th>Ears</th>
<th>Nose</th>
<th>Throat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teeth</td>
<td>Neck</td>
<td>Lungs</td>
<td>Cardiac</td>
<td>Chest</td>
<td>Liver</td>
<td>Spleen</td>
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</tbody>
</table>

Joint Function

<table>
<thead>
<tr>
<th>Neck</th>
<th>Shoulders</th>
<th>Elbows</th>
<th>Wrist</th>
<th>Hand</th>
<th>Hip/Back</th>
<th>Knees</th>
<th>Ankles</th>
<th>Feet</th>
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</table>

Please Describe Abnormal Findings

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Medical History (Please check all that apply)

**Diseases:**

- Asthma
- Diabetes
- Hepatitis
- Diphtheria
- Osteoarthritis

- Heart Disease
- Seizures
- Rheumatism
- Influenza

- Tuberculosis
- Emphysema
- Small Pox
- Pneumonia

- Measles
- Hypoglycemic
- Tuberculosis
- Infantile Paralysis

- Other (Please describe)
Surgery:  □ Shoulder □ Arm □ Back □ Knee □ Ankle

□ Other (Please describe)

List Current Medications
1.
2.
3.
4.

Allergies (Meds / Food)
1.
2.
3.
4.

**Tests

<table>
<thead>
<tr>
<th>PPD Test</th>
<th>Date Read</th>
<th>Initials</th>
<th>TB Chest X-ray</th>
<th>Date Read</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Positive □ Negative</td>
<td></td>
<td></td>
<td>□ Positive □ Negative</td>
<td></td>
<td></td>
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</tbody>
</table>

Note: Attach proof of results, which must be no more than 1 year old. If results are positive, a chest x-ray is required.

Immunizations (Physical documentation required prior to applicant consideration)

<table>
<thead>
<tr>
<th>**Tetanus</th>
<th>Diphtheria</th>
<th>Hep A</th>
<th>**Hep B (series)</th>
<th>**Meningitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap</td>
<td>Flu</td>
<td>Chicken Pox</td>
<td>Polio</td>
<td>**MMR</td>
</tr>
</tbody>
</table>

**Note: Applications submitted without required immunization documentation are considered INCOMPLETE and candidate will NOT be considered! Tuberculosis (PPD) MUST be current with in a 12-month period
Note To Physician/Health Care Provider:
While not an exclusive list, the following examples are meant to illustrate some of the extreme physical demands and working conditions inherent in firefighter training.

Physical Demands:
Characterized by strength, endurance, coordination, agility, dexterity

- Pick up and advance charged fire hoses
- Force entry with axe/battering ram
- Climb stairs with equipment weighing approximately 50 lbs.
- Vent roofs, breach walls, overhaul burned buildings with power/hand tools
- Lift and climb/descend ladders (with victims up to 200 lbs.)
- Operate power tools and extrication equipment
- Stoop, crawl, crouch, and kneel in confined spaces
- Reach, twist, balance, grapple, bend and lift under emergency conditions
- Run, dodge, jump and maneuver with equipment
- All of the above are performed wearing protective clothing/gear, approximately 65 lbs.

Working Conditions:
Characterized by adverse working conditions

- Work in extreme temperatures; day and night; in rain, snow and ice
- Exposure to smoke, gases, dust and poor ventilation
- Work in closely confined spaces
- Intense exposure to water and/or steam
- Exposure to a wide range of highly emotional and traumatic events.
- Exposure to noise and vibration from tools, equipment, machinery, etc.
- Work at height (e.g., on ladders, roof tops, etc)
- Work within restrictions of personal protective clothing, approximately 65 lbs., or hazardous materials encapsulated protective clothing

I certify that I have examined this individual and he/she is physically able to enter Fire Academy/EMS training activities.

☐ YES  ☐ NO (If no, please explain below)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date of Examination:  
Printed/Typed Name of Physician:

Physicians Address:  
Signature of Physician:
Vernon College FIRE/EMS Program
Basic Firefighter Academy Hold Harmless Agreement

I ____________________________ wish to attend the Vernon College Basic Firefighter Academy. I understand that the training consists of physical conditioning activities and hands on "skills testing," as it relates to the fire service.

The skills related to firefighting activities will include heavy lifting, climbing and other arduous activities while on the ground, on ladders, in stairways, on roofs and other elevated locations. I understand that I will also have to perform in confined spaces and in areas of limited or zero visibility. I understand that I will be required to wear firefighting protective clothing including coat, pants, boots, helmet and a 35-pound self-contained breathing apparatus. I understand that I will also engage in actual firefighting, in extreme IDLH (Immediately Dangerous to Life and Health) environments.

I understand the inherent dangers of fire service activities and the training involved in the Basic Firefighter Academy. I understand that while not obligated by Vernon College, personal medical insurance is strongly recommended to cover any injuries that may occur as a result of my participation in the Basic Firefighter Academy. I agree not to hold Vernon College, Wichita Falls Fire Department, City of Wichita Falls, or its Staff liable for any injuries that may occur during the course of instruction. I am exercising my own free choice to participate voluntarily in the (Basic Firefighter 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.

I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE VERNON COLLEGE, WICHITA FALLS FIRE DEPARTMENT, CITY OF WICHITA FALLS, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS OR VOLUNTEERS, AND IF APPLICABLE, OWNERS AND LESSORS OF PREMISES ON WHICH THE ACTIVITY TAKES PLACE FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED BY OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES." I FURTHER AGREE, THAT IF, DESPITE THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, OR ANYONE ON MY BEHALF, MAKES A CLAIM AGAINST ANY OF THE RELEASEES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ARBITRATION EXPENSES, MEDICAL EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE OR COST WHICH MAY BE INCURRED AS THE RESULT OF SUCH CLAIM. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

In signing below I hereby assert that:

- I have read and understand the content of this document
- I understand that Vernon College strongly recommends personal medical insurance coverage for all applicants participating in the FIRE/EMS Programs.
- I am personally liable for injuries that I may suffer as a result of participation in the Vernon College FIRE/EMS Program.

Student Signature ____________________________ Date ____________

Witness ____________________________ Date ____________

2014 Application 9 Basic Fire Academy
Wichita Falls Fire Department
Release of Liability 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 Wichita Falls Training Center (herein, “Facilities”), the undersigned participant expressly agrees the Wichita Falls Fire Department, City of Wichita Falls, 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 Wichita Falls Fire Department, City of Wichita Falls (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 Wichita Falls Fire Department, City of Wichita Falls (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 Wichita Falls Fire Department, City of Wichita Falls, 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 Wichita Falls Public Safety 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 Texas, 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 Department and City of Wichita Falls, 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: ________________________________