

PLEASE FILL IN THE CLASS YOU ARE REGISTERING FOR:

LOCATION _____ START DATE _____ (not orientation date)

**APOLLO CAREER CENTER #102
3325 SHAWNEE RD
LIMA OH 45806
www.apollocareercenter.com
PUBLIC SAFETY - (419) 998-2997 or 998-2996**

FIRE STUDENT REGISTRATION PACKET

Please carefully read all contents and complete the required information. Return the school copy pages (as indicated in the lower right corner of page) prior to orientation.

* FOR COURSES BEYOND VOLUNTEER FIRE A COPY OF YOUR CURRENT, NON-SUSPENDED DRIVER'S LICENSE AND STATE FIRE CERTIFICATION CARD IS REQUIRED WITH THIS REGISTRATION PACKET FOR ADMISSION.

* COMPLETE TURNOUT GEAR WITH SCBA IS REQUIRED AT ORIENTATION AND ALL CLASSES.

CONTENTS OF PACKET:

Page 1 – Fire Training Registration Form: Please complete all areas.

* State Certification Number: EMT, 1st Responder & Fire are same number.

Page 2-3 – Prerequisites: Department should keep for reference.

Page 4-5 – Waiver, Release Forms. Please read carefully and fill out completely.

Page 6 – Cumulative Health Record: This is for school and instructors. Information will be kept confidential. This is to identify possible major medical problems, and in the event of accident/injury/illness, provides valuable information and hospital reference. **Please provide a copy of your department physical along with registration.**

Page 7 – Statement / Equipment Check List. This is the required list of items used in training. This will be completed at the orientation.

Page 8 – 36 Hour Volunteer Firefighter **only** – Have Chief complete/sign and Student sign.

Page 9-10 Guidelines for Medical Exam

Page 11- Ferpa

Page 12- Responsible Party/ Student Contract

Thank you for your cooperation and participation.

**FIRE TRAINING REGISTRATION FORM – APOLLO CAREER CENTER
APPLICATION FOR ADMISSION TO A FIRE TRAINING PROGRAM**

Name _____
(Last) (First) (MI)

Address _____
(Number) (Street) (City) (Zip) (County)

Social Security # _____ Date of Birth _____

E-mail: _____ Education: HS Graduate _____ GED _____ College _____

Year of High School Graduation: _____ Name & City of High School: _____

Day Phone # _____ Cell Phone # _____

Male _____ Female _____ **Ethnic (Please circle):** African-American Asian Caucasian Hispanic Native-American

You must answer the following questions:

- Are you under 18 years of age and enrolled in the senior year of high school? **Yes** _____ **No** _____
If you are a senior in high school you must have written approval from 2 teachers or administrators and from the chief of the sponsoring department. Under 18, you must have parental permission.
- Have you been convicted of, pled guilty to, or had a judicial finding of guilt for any of the following: fraud or material deception in applying for, or obtaining a fire certificate; a felony; a misdemeanor of moral turpitude; a violation of any federal, state, county or municipal narcotics law; any act committed in another state, that if committed in Ohio, would constitute a violation set forth in 4765-11-03(A)(16)(b) of the Ohio Revised Code? **Yes** _____ **No** _____
- Have you been adjudicated mentally incompetent by a court of law? **Yes** _____ **No** _____
- Are you currently under indictment for a felony or a misdemeanor involving moral turpitude?
Yes _____ **No** _____
- Do you currently engage in the illegal use of controlled substances, chemical substances, or other habit-forming drugs, or engage in the use of alcohol to an extent that it impairs the ability to perform the duties of a firefighter or fire safety inspector? **Yes** _____ **No** _____

I attest that the above information is true and correct to the best of my knowledge. I hereby give permission to the Fire Training Program to verify any of the above information.

Student Signature _____ Date _____

Please ✓ course: Vol. _____ *Level I Transition _____ *Level I _____ *Level II _____ *Inspector _____ *Instructor _____
*A COPY OF FIRE CERTIFICATION CARD IS REQUIRED FOR ADMISSION

PLEASE COMPLETE for Apollo information:

Department: _____ Department Chief: _____

Dept. Address: _____
(Number) (Street) (City) (Zip) (County)

Dept. Phone: _____ Date of Probationary Appointment _____

**** BILLING ADDRESS IF DIFFERENT FROM DEPARTMENT:**

IF DEPARTMENT IS PAYING FOR TRAINING, DEPARTMENT CHIEF or AUTHORIZED OFFICER MUST SIGN BELOW.

Signature Fire Chief/Officer _____ Title _____ Date _____

SELF PAY - _____
Student's Signature _____ Date _____

FULL TUITION MUST BE PAID WITH ALL REGISTRATIONS UNLESS SPONSORSHIP HAS BEEN OBTAINED. NO REFUNDS WILL BE MADE AFTER THE SECOND CLASS BEGINS.

PREREQUISITES FOR FIREFIGHTER TRAINING
DEPARTMENT OFFICERS – PLEASE READ AND KEEP FOR REFERENCE

1. **IF UNDER 18 YEARS OLD AND WITH DIPLOMA/GED, or High School student in 2nd half of senior year and at least 17 years old with written recommendations and parents permission. Final testing- High school seniors must be 18 and present a copy of high school diploma prior to final course practical exam AND A VALID OHIO DRIVER'S LICENSE.**
2. IF UNDER 18 AND A SENIOR IN HIGH SCHOOL – MUST HAVE WRITTEN APPROVAL FROM TWO TEACHERS OR ADMINISTRATORS AND FROM CHIEF OF SPONSORING DEPARTMENT. MUST BE 18 TO SIT FOR STATE TEST.
3. MUST NOT BE CONVICTED OF, PLED GUILTY TO, HAD A FINDING OF GUILT FOR:
 - (1) FRAUD OR MATERIAL DECEPTION IN OBTAINING A CERTIFICATION
 - (2) FELONY
 - (3) MISDEMEANOR INVOLVING MORAL TURPITUDE
 - (4) A VIOLATION OF ANY FEDERAL, STATE, COUNTY OR MUNICIPAL NARCOTICS LAW
 - (5) ANY ACT COMMITTED IN ANOTHER STATE, THAT, IF COMMITTED IN OHIO WOULD CONSTITUTE A VIOLATION SET FORTH IN THIS PARAGRAPH.
4. HAS NOT BEEN ADJUDICATED MENTALLY INCOMPETENT BY A COURT OF LAW.
5. IS NOT UNDER INDICTMENT FOR A FELONY OR MISDEMEANOR INVOLVING MORAL TURPITUDE.
6. DOES NOT CURRENTLY ENGAGE IN THE ILLEGAL USE OF CONTROLLED SUBSTANCES, ALCOHOL OR OTHER HABIT FORMING DRUGS OR CHEMICAL SUBSTANCES TO AN EXTENT THAT IT IMPAIRS THE ABILITY TO PERFORM THE DUTIES OF A FIREFIGHTER.
7. Must have a medical physical completed within 6 months prior to starting class and supply documentation that you are fit to attend a firefighter class. See attached Guidelines for Medical Exam.
8. Must have a current American Heart Association First Aid card. If you do not have one please contact Apollo or any AHA training center for a course.

[ABOVE NUMBERS 1-6, SEE OHIO REVISED CODE 4765-11-03(16)(A) TO (E)]

9. MUST COMPLETE NIMS IS-100 & IS-700 AND PROVIDE CERTIFICATES OF COMPLETION
10. MUST USE SELF-CONTAINED BREATHING APPARATUS (O.A.C. 4121:1-21-02(K) NFPA 1981)
11. SHALL NOT PERMIT ANY KNOWN INTERFERENCE WITH THE FACE PIECE-TO-FACE SEAL (O.A.C. [Ohio Administrative Code] 4121:1-21)-02 (K) (6).
12. SHALL WEAR ALL NFPA APPROVED TURN OUT GEAR (SEE O.A.C., 4121:1-21-01[H]). MUST BE INSPECTED BY INSTRUCTOR – Orientation
13. MUST PROVIDE EVIDENCE OF A PHYSICAL EXAM AS REQUIRED BY THE OHIO REVISED CODE PRIOR TO THE FIRST CLASS DATE. **COPY NEEDED FOR FILE.** ** Level I, Level I Trans., Level II, & Level II Trans. **Must have NFPA 1582 Compliant Physical within 6 months of start of class.**
14. NO JEWELRY WORN DURING ACTIVE EVOLUTIONS.
15. IF NON-APPOINTED, MUST PROVIDE PROOF OF HEALTH AND ACCIDENT INSURANCE COVERAGE PRIOR TO THE FIRST CLASS DATE.
16. MUST HAVE ORAL TEST POLICY READ AND UNDERSTAND PROCEDURES. If student has an IEP, it must be submitted with the Registration.
17. STUDENT IS RESPONSIBLE TO ANY ADDITIONAL REQUIREMENTS AS PRESCRIBED BY THE LOCAL, CHARTERED, TEACHING INSTITUTION.

18. 100% ATTENDANCE IN ALL FIREFIGHTER CLASS IS MANDATORY. ANY CLASSES MISSED MUST BE MADE UP BEFORE TAKING THE STATE TEST. TIME LIMIT FROM START OF CLASS TO COMPLETION IS ONE YEAR.
19. All Level 1 and Level 1 Transition students much have BLS CPR Certification before the start of class. Also, Level 1 and Level 1 Transition students must complete an EVOC course before taking state final exam.
20. All students have three attempts at state test for all levels. These attempts must be done within 180 days of completion of class.

WAIVER

The Apollo Career Center #102 (name of chartered fire program - herein training facility)

in making available its or other selected facilities, training grounds, equipment, and its staff, to provide an opportunity to learn on the part of its students and other invitees, makes no representation of and assumes no liability for the suitability or condition of its or other selected facilities, training grounds, or equipment.

The training facility assumes no liability for and shall be indemnified and held harmless for any claims, demands or suits of any nature, kind or description whatsoever, including costs and expenses, for or on account of any loss or damage to property owned or possessed by any student or other invitee or any injury to such person which may result from any cause, including but not limited to the condition and operation of training facility facilities, training grounds, and equipment, or the condition and operation of any other selected facilities, training grounds and equipment, and the acts or omissions of members of its staff.

The members of the training facility staff and the instructors who are independent contractors with the state, in their personal and representative capacity, assume no liability for and shall be indemnified and held harmless from suit of any nature, kind, or description whatsoever, including costs and expenses for or on account of any loss or damage to property owned or possessed by any student or other invitee or any injury to such person which may result from any cause whatsoever.

Student or invitee hereby authorizes the training facility to seek emergency medical assistance on his behalf, as necessary, and agrees to pay for any and all medical expenses incurred on his behalf. Student or invitee shall indemnify and hold harmless the training facility for any and all such emergency medical expenses.

Student Signature

Date

TO BE COMPLETED BY STUDENT (PLEASE PRINT)

NAME _____

ADDRESS _____

HOME PHONE _____

DEPARTMENT _____

SCHOOL COPY

RELEASE

APOLLO CAREER CENTER 3325 SHAWNEE RD, LIMA OH 45806
CHARTERED SCHOOL NAME ADDRESS

WHEREAS, the undersigned voluntarily desires to participate in the

_____ Firefighters Training Course; and

WHEREAS, the undersigned is aware that there are risks and hazards which may arise through participation in said activity and that participation in said activity has serious risks, including risk of loss of life and/or limb and/or property of the undersigned; and

WHEREAS, the undersigned being knowledgeable that risks are involved in said Course and being willing to waive all rights or claims to injury, person, and/or property;

THEREFORE, it is agreed as follows:

In consideration of being allowed to participate in said activity and receive educational and other benefits from the undersigned hereby voluntarily assumes all risks of accident or personal damage to his person or property, and hereby releases Apollo Career Center _____, its agents and employees, from every claim, liability or demand of any kind sustained, whether caused by negligence of the said Apollo Career Center _____ its agents or employees, or otherwise. This release shall be binding upon any heirs, administrators, executors and assigns of the undersigned.

The undersigned, by signing this Release, hereby certifies that the undersigned has read and fully understands the conditions herein provided.

STUDENT SIGNATURE DATE

STUDENT NAME (PLEASE PRINT)

DEPARTMENT CHIEF SIGNATURE DATE

DEPARTMENT NAME

SCHOOL COPY

CUMULATIVE HEALTH RECORD – FIRE TRAINING

Public Safety Training can be physically and mentally demanding. In an effort to be aware of your medical history, please fill out the following form as completely as possible. This information will remain confidential between Apollo, the instructors and you.

Name _____ Birth Date _____

Address _____

Phone _____

Date of last known physical _____

Does your department have a physical form completed? _____
Include a copy of current physical.

Hospital Preference: _____ St. Rita's _____ Lima Memorial _____ Other

Medications being taken: _____

Allergies: _____

Past History: Diseases or other ongoing conditions _____

Operations (Last 12 months): _____

Injuries (Last 12 months): _____

Any Permanent Limitations: _____

Other pertinent information (include history of any back or hernia conditions, or any other conditions or past experiences) which may affect your performance.

Do you have any fears related to this course that you would like to discuss privately with the instructor? _____ No _____ Yes

If yes explain: _____

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS COMPLETE AND ACCURATE.

Student Signature

Date

SCHOOL COPY

* * * * *

STATEMENT

I, _____ HEREBY STATE THAT I
(PRINT NAME)

HAVE READ, UNDERSTAND, AND WILL COMPLY WITH ALL OF THE LISTED FIRE TRAINING PREREQUISITES AS THEY AFFECT EITHER A VOLUNTEER OR CAREER BASIC TRAINING COURSE, AS SET FORTH BY APOLLO CAREER CENTER.

SIGNATURE

DATE



VOLUNTEER FIREFIGHTER COURSE OBJECTIVES

Thirty-six (36) Hour Certified Training Course for
Volunteer Firefighters
State of Ohio - Fire Instructor's Disclaimer

After successful completion of thirty-six hour Ohio Volunteer Firefighter's Course, students will be certified as a 'Volunteer Firefighter' as recognized in the Ohio Revised Code. The certification will be renewed after three years, provided the Firefighter successfully completes the continuing education requirements. Recognizing that the State of Ohio Certified Volunteer Firefighter's Course does not meet the minimum requirements recognized by the National Fire Protection Association (NFPA) standards as a qualifying level of public safety responders for trained Firefighters, the Volunteer Firefighter certification is a stand-alone certificate for the State of Ohio. The Volunteer Firefighter course provides the basic elements upon which Firefighters can begin to build their training portfolio and assist in firefighting operations with their Fire Departments

The Volunteer Firefighters Course limits hazardous exposures due to safety concerns as described in the Ohio Administrative Code. Therefore, the Volunteer Firefighters Course does not allow Certified Instructors to teach students in the type of hazardous environments to which their Fire Departments will be exposed. These activities include but are not limited to hot zone operations at structural or uncontrolled fires, auto accidents hazardous materials situations considered to be 'Immediately Dangerous to Life and Health' (IDLH), and apparatus operation, the training for which is not provided in the Volunteer Firefighter Course. These limitations being such as they are, the Fire Chief, or the authority having jurisdiction, must provide for training in these expanded areas if the Firefighter is expected to function safely in these environments. The Fire Chief acknowledges that he or she shall assume all the risk and liability for deviating from any of the state and/or nationally recognized standards for firefighting.

The Division of Emergency Medical Services (EMS) and the Ohio Society of Fire Service Instructors (OSFSI) recommends that all Certified State of Ohio Volunteer Firefighters should continue training to attain the NFPA Level 1 Firefighter qualifications.

Student's Name – Print

Student's Name – Signature

Fire Chief's Signature

Fire Department

VFF Course Objectives (June 2014)

Guidelines for Medical Exam

- (1) Understand the physiological, psychological, and environmental demands placed on fire fighters
 - (2) Evaluate fire department candidates and members to identify medical conditions that could affect their ability to safely respond to and participate in emergency operations
 - (3) Utilize the essential job task descriptions supplied by the fire department to determine a candidate's or a member's medical certification
 - (4) Identify and report the presence of Category A or disqualifying Category B medical conditions if present in candidates
 - (5) Inform the fire chief or his/her designee whether or not the candidate or current member is medically certified to safely perform the essential job tasks
 - (6) Report the results of the medical evaluation to the candidate or current member, including any medical condition(s) identified during the medical evaluation, and the recommendation as to whether the candidate or current member is medically certified to safely perform the essential job tasks
 - (7) Forward copies of any abnormal results along with patient instructions regarding primary care follow-up to candidates or current members who were instructed to seek (as appropriate) medical follow-up to address any medical conditions, or lab abnormalities, identified during the medical evaluation
 - (8) Review results of the annual occupational fitness evaluation as described in Chapter 8
 - (9) Provide or arrange for a prescriptive rehabilitation and/or fitness program when indicated to aid a member's recovery from illness or injury and enhance his/her ability to safely perform essential job tasks
- 4.2.2** When medical evaluations are conducted by a physician or medical provider other than the fire department physician, the evaluation shall be reviewed and approved by the fire department physician.
- 4.2.3** The fire department physician shall review individual medical evaluations and aggregate data from member evaluations in order to detect evidence of occupational exposure(s) or clusters of occupational disease.
- 4.2.4** The fire department physician shall be a member of the Fire Department Occupational Safety and Health Committee chaired by the health and safety officer as required by NFPA1500, *Standard on Fire Department Occupational Safety and Health Program*.
- 4.2.5** The fire department physician shall provide medical supervision for the fire department fitness, return-to-duty rehabilitation, and physical conditioning programs as required by NFPA1583, *Standard on Health-Related Fitness Programs for Fire Department Members*.
- 4.2.6*** The fire department physician shall ensure adequate on-scene medical support at the incident scene rehabilitation sector for members during emergency operations as required by NFPA 1500, *Standard on Fire Department Occupational Safety*

and Health Program; NFPA 1561, Standard on Emergency Services Incident Management System; and NFPA 1584, Standard on the Rehabilitation Process for Members During Emergency Operations and Training Exercises.

4.2.7 The fire department physician shall provide supervision for the fire department infection control program as required by NFPA 1581, *Standard on Fire Department Infection Control Program*.

4.3 Candidate and Member Responsibilities. Each candidate or member shall adhere to the following requirements:

- (1) Cooperate, participate, and comply with the medical evaluation process
- (2) Provide complete and accurate information to the fire department physician and other authorized medical care provider(s)
- (3) Report any occupational exposure such as exposure to hazardous materials or toxic substances and exposure to infectious or contagious diseases
- (4) Report to the fire department physician any medical condition that could interfere with the ability of the individual to safely perform essential job tasks, such as illness or injury, use of prescription or nonprescription drugs, and pregnancy

FERPA RELEASE
Career Placement to Release Information
Apollo Career Center
3325 Shawnee Road
Lima OH 45806

Name of Student _____
(Print Name) (Social Security #)

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I, the undersigned, hereby authorize Apollo Adult Workforce Education to grant access to and/or release information relating to me, contained in the computer files and hard copy files of said office, to all prospective authorized employers, or individuals deemed appropriate by the director or designee(s).

Such records may contain non-directory information such as:

1. Personal resume and/or registration form and/or personal data sheet
2. Recommendations and/or evaluations supplied by me to my credential file
3. Career placement copy of my transcript
4. Unofficial curriculum plan for my specific major
5. Miscellaneous academic or personal information supplied by me to my credential file.
6. Financial Aid information released to: _____

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request (Current students only - Program completers will be charged a copy fee); (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to the Director of Adult Programs at Apollo Adult Workforce Education, but that any such revocation shall not affect disclosures previously released for career/employment related purposes made by Apollo Career Center prior to the receipt of any such written revocation..

I DO consent to the release of my education records as described above.

Student's Signature Date

Program of Study

I understand that even if I do not consent to release of my education records, my directory information (i.e. name, photograph, major field of study, participation in officially-recognized activities, dates of attendance and graduation, certificates awarded, and awards received) may be released. If I do not want Apollo to release your directory information please send a letter to Tara Shepherd, Director of Post Secondary Programs, Apollo Career Center, 3325 Shawnee Road, Lima, OH 45806-1497.

I DO NOT consent to the release of my education records as described above.

Student's Signature Date

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF FERPA AND OTHER APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS, WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.

cc: Authorized Perspective Employer



Charter #102

Apollo Public Safety Academy

Fire Program

Responsible Party/Student Contract

The following requirements must be fulfilled for certification and completion of any fire class.

- 100% attendance
- 75% on all grades and final scores
- 3 attempts at all quizzes, midterm and final
- Workbooks must be completed
- Must comply with dress code
- NIMS must be completed
- Unable to do practical evolutions
- Must have a NFPA 1582 compliant physical or doctor signing off that student meets the requirements of an NFPA 1582 physical
- Student that misses class must make class time up in next class or at rate of \$25 an hour paid to the instructor of the class.
- Student will not receive a completion of class until all of the requirements are met
- Students have 180 days after completion of class to obtain all the of the requirements

Failure to meet these requirements with result failure of class. Student will be unable to obtain certification from the State of Ohio. Responsible party is required to pay all fees for class.

Responsible Party

Student