To: Wildland Fire Academy Applicants  
From: Tracy E. Rickman, Fire Academy Coordinator  
Date: Spring 2018  
Subject: Class 21 Wildland Fire Academy Application

Class 21 of the Rio Hondo Wildland Fire Academy is a full-time academy that meets five days a week from 0700 to 1530. The class is scheduled to begin on February 5th and graduate on April 21st, 2018.

Outlined below is the application process which must be firmly followed and completed. **No Exceptions!**

Failure to do so may result in your application and/or sponsorship being voided and your non-acceptance into the academy.

1) **You must complete Read 23 and FTEC 044 by the end of the Fall 2017 semester in order to apply for the Wildland Fire Academy.** Your application must be submitted to and academic requirements verified by Diana Valladares, RHC Public Safety Counselor: 
   **ONLY on Saturday, December 2nd 2017 from 0800-1600.**

2) **ALL Wildland Fire Academy candidates are required to take the “Pack Test” (walk 3 miles with a 45 lb. weighted vest).** You will be issued a “Pack Test” appointment when you submit your completed application. All “Pack Tests” will take place on Sunday, December 10th beginning at 0800.

3) **ALL applications are due by 1600 on Saturday, December 2nd 2017.**

4) **There will be a Mandatory Orientation meeting for all cadets accepted to WFA Class 21:**

   Date: January 17th 2018  
   Time: 0800-1600  
   Location: Rio Hondo Fire Academy Training Center  
              11400 Greenstone Avenue, Santa Fe Springs

   **Please bring all your uniforms and materials for inspection.**

   This will also be the day for registration. It is advised and recommended that you register before the meeting either from home or at the Fire Academy’s Learning Assistance Center (Rm3) prior to the meeting. Should you encounter any registration issues; staff will be on hand to assist you.

Good luck to all applicants.
Rio Hondo College Wildland Fire Academy

The Rio Hondo Wildland Fire Academy meets or exceeds the National Wildfire Coordinating Group (NWCG) standards for Firefighter Type 2. It provides the hands-on training required by Federal Wildland Fire agencies; United States Forest Service, Bureau of Land Management, Bureau of Indian Affairs, National Park Service, and for entry level employment as a wildland firefighter.

All coursework as referenced complies with the NWCG Firefighter 2 Curriculum, leading to certification as a Firefighter Type 2. Graduates of the Rio Hondo Wildland Fire Academy are awarded a Rio Hondo College “Certificate of Proficiency” and receive the following certifications and/or certificates:

Rio Hondo College Certificate of Achievement
- NWCG S-110 Basic Fire Suppression Orientation - Wildland (Self-Study)
- NWCG S-130 Firefighter Training - Wildland
- NWCG S-190 Introduction to Wildland Fire Behavior
- NWCG L-180 Human Factors on the Fire Line
- NWCG S-131 Firefighter Type 1
- NWCG S-211 Portable Pumps and Water Use
- NWCG S-270 Basic Air Operations
- FEMA ICS-100
- FEMA ICS-700
- AHA First Aid CPR/AED Certification
- CSTI Hazardous Materials First Responder Operational
- CSFM Confined Space Awareness
- CSFM Low Angle Rope Rescue Operational

In addition to the certifications listed, a rigorous physical fitness program is included in the academy. Students desiring to enter the academy are required to have a complete physical examination. See attached information pertaining to physicals. You should start a vigorous physical training program before starting the WFA. You can use the Fire Fit program as a guide: www.nifc.gov/FireFit/index.htm

Cost: Students will be required to pay the enrollment fee, purchase PT gear and uniforms, including wildland fire fighter boots. The registration fee for the academy is approximately $900.00. This covers the following: Enrollment: $600.00; Materials: $60.00; CSTI: $20.00; Parking Permit: $40.00; Student Health fee: $19.00; Student Rep fee: $1.00; GO RIO Program: $9.00 and College Services fee of $7.00. All fees are subject to change. Also please note that Non-California residents are subject to higher enrollment fees.

Financial Aid: To qualify for the fee waiver (BOGW) and/or a grant, you must submit the Free Application for Federal Student Aid (FAFSA), available at www.fafsa.edu.gov (RHC school code – 01269)

Medical Physical Exams: Physical examinations are a requirement of the fire academy and must be completed prior to the Wildland Fire Academy application deadline. It is important that you start this process as soon as possible to have the results at the time of the application due date. The necessary physical examination form (Record of Medical History and Physical Examination) has been provided for your convenience. Please take this form to your personal doctor or health care provider.
WILDLAND FIRE ACADEMY APPLICATION & CHECKLIST

Last Name _________________________________ First Name _________________________ M.I. ____

Address: ________________________________________________________________________________

Number  Street    City   State          Zip Code

Home Phone: (        ) _______________________  Cell Phone:  (        ) __________________________

Birthdate: _____ / _____ / _____    Email:  _____________________________________

☐ Male    ☐ Female    RHC ID #___________________________________

Signature: ________________________________________ Date _______________________________

Items required on separate sheets of paper:

☐ Physical Examination Form (OF-178) completed by a medical physician

☐ Medical Insurance Verification Form

☐ Copy of your Medical Insurance Card (if you have insurance); enlarge to 150% (copy on lower half of page)

☐ Copy of your Driver’s License; enlarge to 150% (copy on lower half of page)

☐ Course Verification: **Once you have secured ALL the items above**, your academic requirements
  must be verified by Diana Valladares, Public Safety Counselor:
  Rio Hondo Fire Academy, 11400 Greenstone Avenue, Santa Fe Springs; **ONLY ON**:

  **Saturday, December 2\textsuperscript{nd} 2017 from 0800-1600**

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**OFFICE USE ONLY:**

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<tr>
<th>REQUIREMENTS</th>
<th>Grade</th>
<th>Units</th>
<th>Sem /Yr</th>
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Course and Units Verified By: ________________________________

Date of Verification: ________________________________
INSURANCE VERIFICATION

Name: ___________________________________________       Home Phone: _______________________________
Address: ______________________________________________________________________________________
Social Security No.: _______________________________________        DOB: _______________________________

Do you have medical insurance?  □ Yes   □ No

Is this insurance the  □ Primary Insurance or  □ Secondary Insurance?

Insurance Co: ___________________________________________________ □ Individual  □ Group  □ HMO
Policy holders’ name: __________________________________________      Relationship: __________________________
Policy No: ________________________   Group No: ______________________    Member No: ___________________
Ins. Co. Address: __________________________________________________________________________________

Does your place of employment provide this insurance?  □ Yes  □ No
If yes, Employer’s Name: ___________________________________        Phone: _______________________________
Address: __________________________________________________________________________________________

Are you covered by any other medical insurance(s)?  □ Yes  □ No

Is this insurance the  □ Primary Insurance or  □ Secondary Insurance?

Insurance Co: ______________________________________________________ □ Individual  □ Group  □ HMO
Policy holders’ name: __________________________________________      Relationship: _________________________
Policy No: ____________________    Group No: _______________________    Member No: _______________________
Ins. Co. Address: _____________________________________________________________________________________

I hereby certify that the foregoing answers I have designated to the stated questions are true, complete, and correct to the best of my knowledge.

______________________________________           __________________________
Signature               Date