To: Wildland Fire Academy Applicants  
From: Tracy E. Rickman, Fire Academy Coordinator  
Date: Fall 2015  
Subject: Class 19 Wildland Fire Academy Application

Class 19 of the Rio Hondo Wildland Fire Academy is a full-time academy that meets 5 days a week from 0700 to 1530. Class 19 Wildland Fire Academy is scheduled to begin on February 8th and graduate on April 23, 2016.

You must complete Read 23 and FTEC 044 by the end of the Fall 2015 semester in order to apply for the Wildland Fire Academy. Your application must be submitted to and academic requirements verified by Dr. Jennifer Fernandez, RHC Public Safety Counselor, ONLY on November 16, 17, & 19, 2015.

All Wildland 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 Saturday, November 21 (and Sunday November 22 if necessary).

ALL applications are due by 1700 on Thursday, November 19, 2015.

There will be a Mandatory Orientation meeting for all cadets accepted to WFA Class 19:

   Date: January 27, 2016  
   Time: 1300  
   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 prior to the meeting. Should you encounter any registration issues; staff will be on hand to assist you.

Good luck to all applicants.
About the
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-134
FEMA ICS-100
FEMA ICS-700
AHA AED Certification
AHA CPR Certification
CSFM Hazardous Materials First Responder 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:** The total cost to attend the academy is approximately $1500.00. Uniforms, boots, PT and brush gear will cost approximately $600. Tuition and enrollment fees will cost about $875. All fees are subject to change. Also please note that Non-California residents are subject to higher enrollment fees.

**Financial Aid:** In order 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 Rio Hondo College’s school code is 001269. To apply for the Dream Act go to www.csac.ca.gov/dream_act.Financial Aid

**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 the physical examination process as soon as possible in order to have the results at the time of the application due date. The necessary physical examination form (Record of Medical History and Physical Examination) is 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 completed by a medical physician

☐ Medical Insurance Verification Form

☐ Copy of your Medical Insurance Card (if you have insurance); enlarged to 150%

☐ Copy of your Driver’s License; enlarged to 150%

☐ Course Verification:  **Once you have secured ALL the items above**, your academic requirements
  must be verified by Dr. Jennifer Fernandez, Public Safety Counselor, at the Rio Hondo Fire Academy,
  11400 Greenstone Avenue, Santa Fe Springs; No appointment is necessary, it is on a First Come –
  First Serve basis **ONLY on the following days**:  

  November 16, 17, 2015 - (0800-1800)               November 19, 2015 - (0900-1700)

OFFICE USE ONLY:

<table>
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<tr>
<th>REQUIREMENTS</th>
<th>Grade</th>
<th>Units</th>
<th>Sem /Yr</th>
<th>College</th>
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<tr>
<td>☐ Reading 23</td>
<td>☐ Proficiency</td>
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<tr>
<td>☐ FTEC 044</td>
<td>☐ Proficiency</td>
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</tbody>
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Course and Units Verified By: ____________________________________________________________

Date of Verification: ____________________________________________________________
RIO HONDO COMMUNITY COLLEGE DISTRICT
Department of Public Safety – Fire Technology
Wildland Fire Academy

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: ___________________________________________________________________________________

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