To: Wildland Fire Academy Applicants

From: Ryan Carey, Wildland Fire Instructor

Date: Fall 2022

Subject: Class 26 Wildland Fire Academy Application

Class 26 of the Rio Hondo Wildland Fire Academy is a full-time academy that meets four days a week from 0700 to 1630 hours each day, Tuesday through Friday for 13 weeks. Class 26 Wildland Fire Academy is scheduled to begin on **January 31st, 2023 and graduate on April 29th, 2023.**

Outlined below is the application process which must be firmly followed and completed. **No Exceptions!** Failure to do so may result in your application being voided and your non-acceptance into the academy.

1) You must complete FTEC 044 and at least ONE Wildland Fire Technology Course (i.e. WFT-101, WFT-102, WFT-103, WFT-104, or WFT-105) by the end of the 2023 Winter Session semester in order to be accepted in the Wildland Fire Academy. Your application must be in person to Fire Counselor Diana Valladares on **December 5th, 2022 from 0900H -1600H.**

2) **ALL** Wildland Fire Academy candidates are required to take a Pack Test (walk 3 miles with a 45 pound vest around a track in less than 45 minutes). You will be issued a Pack Test appointment when you submit your completed application. All Pack Tests will take place on **December 17th, 2022 from 0800H-1200H.**

3) **ALL** applications are due by 1600 on **December 5th, 2022.**

4) There will be a Mandatory WFA Overview meeting for all cadets accepted to WFA Class 26:

   **Date:** January 6th, 2023  
   **Time:** 0700-1600  
   **Location:** Rio Hondo College

   **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 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 Wildland Fire Orientation
- NWCG S-130 Wildland Firefighter Training
- NWCG S-190 Introduction to Wildland Fire Behavior
- NWCG L-180 Human Factors in the Wildland Fire Service
- NWCG S-131 Firefighter Type 1
- NWCG S-211 Portable Pumps and Water Use
- NWCG S-270 Basic Air Operations
- FEMA ICS-100 Introduction to ICS
- FEMA IS-700 Introduction to NIMS
- AHA First Aid CPR/AED Certification
- CSTI 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](http://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 $1000.00. This covers the following: Enrollment: $600.00; Materials: $300.00; 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:** 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](http://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](http://www.csac.ca.gov/dream_act).

**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 process of the physical as soon as possible so that you may 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, at the Rio Hondo Fire Academy, 11400
Greenstone Avenue, Santa Fe Springs; ONLY on the following day:

**Monday, December 5th, 2022 from 0900H-1600H.**

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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<tbody>
<tr>
<td>☐ FTEC 044</td>
<td>☐ Proficiency</td>
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<tr>
<td>☐ WFT Course</td>
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</tbody>
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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:  ____________________________________________

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