Class 27 Wildland Fire Academy Application, Spring 2024

Class 27 of the Rio Hondo Wildland Fire Academy is a full-time academy that meets four days a week from 0730 to 1530 hours each day, Monday through Thursday. Class 27 Wildland Fire Academy is scheduled to begin on **January 29, 2023 and complete on March 22, 2024**.

Outlined below is the application process which must be followed and completed. Failure to do so may result in your application being voided and your non-acceptance into the academy.

- **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 2024 Winter Session (students enrolled in Pre Req classes when application is submitted must show passing grade to start WFT) in order to be considered to enroll in the Wildland Fire Academy.
- Your application must be submitted in person to Fire Counselor, Diana Valladares, by 1530 (3:30pm) on **November 6, 2023**.
- **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 **November 18, 2023**.
- **ALL** applications are due by 1530 on **November 6th, 2023**.
- There will be a Mandatory WFA Orientation meeting for all cadets accepted to WFA Class 27:
  
  **Date:**  
  Tentative- January 6, 2024  
  **Time:**  
  0900-1600  
  **Location:**  
  Rio Hondo College, AJ, Room 320

** Please do not bring all your uniforms and materials for inspection. Do NOT purchase anything until you have been accepted. Only bring a notepad and writing utensils. **

January 3, 2024 registration for Class 27 will open. It is advised and recommended that you register before the orientation meeting.

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. Graduates will receive the following certifications or will receive training to eventually receive the following 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-212 Chainsaws
- NWCG S-211 Portable Pumps and Water Use
- NWCG S-219 Firing Ops
- NWCG S-270 Basic Air Operations
- FEMA ICS-100 Introduction to ICS
- FEMA ICS-200 Introduction to ICS
- FEMA IS-700 Introduction to NIMS
- FEMA IS-800 Introduction to NIMS
- AHA First Aid CPR/AED Certification
- CSTI Hazardous Materials FRA

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. 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 $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:** 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.Financial Aid](http://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 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: ________________________________________________________________

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<thead>
<tr>
<th>Number</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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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)

☐ Copy of your Driver’s License

☐ 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, November 6th, 2023 from 900-1530**

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>☐ FTEC 044</td>
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<td>☐ WFT Course</td>
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Course and Units Verified By ____________________________________________

Date of 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