



RIO HONDO COMMUNITY COLLEGE DISTRICT
Administration of Justice and Fire Technology
Wildland Fire Academy

11400 Greenstone Avenue, Santa Fe Springs, California 90670
Kurt E Norwood, Director, Fire Academy (562) 941-4082



Class 29 Wildland Fire Academy Application, Spring 2026

Class 29 of the Rio Hondo Wildland Fire Academy is a full-time academy that meets four days a week from 0730 to 1430 hours each day, Monday through Thursday. Class 29 Wildland Fire Academy is scheduled to begin on **January 26, 2026 and complete on March 19, 2026.**

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 2026 Winter Session (students enrolled in Pre Req classes when application is submitted must show passing grade to start Wildland Fire Academy) in order to be considered to enroll in the Wildland Fire Academy.
- Your application must be submitted in person to Fire Counselor, Diana Valladares, between 0900-1400 on **October 6, 2025 at the Rio Hondo Fire Academy, 11400 Greenstone Ave.**
- **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). All Pack Tests will take place on **October 11, 2025 @ 0700.**
- ALL applications are due by 1400 on **October 6th, 2025.**
- There will be a Mandatory WFA Orientation meeting for all cadets accepted to WFA Class 29:

Date: Tentative- November 22, 2025
Time: 0800-1600
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. ****

November 22, 2025 registration for Class 29 will open. It is advised and recommended that you register before the orientation meeting.

Good luck to all applicants.



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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

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

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 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.

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 has been provided for your convenience. Please take this form to your personal doctor or health care provider.



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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)
- ☐ 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, October 6th, 2025 from 9000-1400

OFFICE USE ONLY:

REQUIREMENTS	Grade	Units	Sem /Yr	College
<input type="checkbox"/> FTEC 044 <input type="checkbox"/> Proficiency				
<input type="checkbox"/> WFT Course <input type="checkbox"/> Proficiency				

Course and Units Verified By _____

Date of Verification _____

RIO HONDO COMMUNITY COLLEGE DISTRICT
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Class No.

29

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: _____

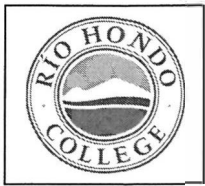
Policy No: _____ Group No: _____ Member No: _____

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



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LAST NAME: _____

FIRST NAME: _____

PHYSICAL EXAMINATION (To be completed by Physician)

Height	Weight	BP	Temperature	Pulse	Respiration
Skin			Ears		
Eyes			Throat		
Teeth			Neck		
Chest / Lungs					
Heart: Before Exercise			After Exercise		
Abdomen			Hernia		

Pregnancy Test ☐ + ☐ - Female cadets must have a Urine Pregnancy Test.

Back Dorsal Spine

Extremities

Neurological

Recommendations:

HEARING						
	250	500	1000	2000	4000	6000
Right						
Left						
Audio metrist:						
Date:						

VISION SCREENING		
	Right	Left
Uncorrected		
Corrected		
Color Vision		
Wears <input type="checkbox"/> Glasses <input type="checkbox"/> Contact Lenses		
Examiner:		
Date:		

CHEM PANEL INCLUDES URINALYSIS: Date: _____

This client has been examined and found physically acceptable for a Basic Fire Academy Training Program. ☐ YES ☐ NO

Medical Provider: _____ Date: _____
(Signature)

Provider Printed Name: _____ Phone: _____