RIO HONDO COMMUNITY COLLEGE DISTRICT
Administration of Justice and Fire Technology
11400 Greenstone Avenue ◆ Santa Fe Springs ◆ California ◆ 90670
(562) 941-4082

To: Fire Academy Applicants

From: Kurt Norwood, RHC Fire Academy Director
Subject: Class 108 Fire Academy Application Process

Class 108 of the Rio Hondo Firefighter I & II Basic Academy is a full-time academy. The academy class meets 5 days a week from 0600 to 1800, Monday through Friday. **Class 108 is scheduled to begin on Monday, January 25, 2027** and **graduates on Wednesday, May 19, 2027.**

Applicants are advised that prior to **January 25, 2027,** they must have:

- Completed the six (6) fire technology core classes,
- Passed EMT with at least a 'B' grade or possess a current EMT-B Certification
- Passed FTEC 044 or equivalent (Physical Fitness & Ability for the Firefighter)
    - If an equivalent course was taken outside of Rio Hondo College, a passing Biddle time is also required and must be dated **after October 20, 2025.**
    - Approved equivalent physical fitness courses at the discretion of the Director.

Applications must be submitted with **unofficial transcripts**, **physical examination form** and supporting documentation, in person, **ONLY** on **Monday, October 19th (9 am – 4 pm) or Tuesday, October 20th (11 am – 5 pm). Tentatively**, at these sessions, vehicles will **LINE UP** facing North against the curb in front of the Fire Academy facility. Once in line**, remain in your vehicle until summoned,** and then you may enter the application drop off site. **If this should change, applicants will be informed upon arrival.**

The Rio Hondo Fire Academy is located at **11400 Greenstone Avenue Santa Fe Springs, CA 90670**.

Sponsorship verification form must be submitted with application for sponsorship to be considered.

Applicants must complete the mandatory Medical Physical using either their own doctor, an urgent care center, or the Rio Hondo College Student Health Center. See document titled "Medical Physical – Rio Hondo College Student Health Center" for more information.

Applicants who advance in the selection process will be invited to attend the following Pre-Academy Events:

- **Ladder Academy** – December 9th – 12th (only for accepted students, space is limited)
- **Mandatory Fitness & Biddle** – Monday, December 14th and Tuesday, December 15th
- **Mandatory Orientation** - Wednesday, December 16th

More details about these events will be shared when you submit your application.

A letter will be sent by email to all accepted candidates by **November 20, 2026, tentatively.** This letter will advise you on the process for registration for the class and other crucial events and dates.

If you are unable to submit your application on either of the above dates, contact counselor Diana Valladares (DValladares@riohondo.edu).

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Medical Physical • Rio Hondo College Student Health Center

At Rio Hondo College, you can get medical physicals done FREE at the Student Health Center (SHPS) on main campus. Appointments are encouraged, but walk-ins are welcome on **Tuesdays & Wednesdays** during hours listed below.

Hours may vary during Winter Break, Spring Break, and Summer Break. It is recommended to check with the Student Health Center prior.

LOCATION

- 3600 Workman Mill Road Whittier, CA 90601
- Student Health & Psychological Services (SHPS)
- Student Service Building, SS-230 (Main Campus)
- Phone: **562-908-3438**
- Students **must** bring photo ID and know their RHC student ID number

MEDICAL PHYSICAL

- **Tuesdays and Wednesdays only**
- **Hours are 8:30-11:30am and 1:00-4:00pm**
- Walk-ins are accepted
- Open to students that are currently enrolled at Rio Hondo College OR accepted to the upcoming semester
- The eligibility override form can be provided to students in advance OR they will be provided one at SHPS when you arrive
- $0 cost for medical physical conducted at the Rio Hondo College Student Health Center

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FIREFIGHTER I & II ACADEMY APPLICATION & CHECKLIST

Last Name: _____ First Name:_____M.I. ____

Address:_____
Number Street City State Zip Code

Home Phone: ( ) _____ Cell Phone: ( ) _____

Birthdate: ____ / _____/ _____ Email: _____

☐ Male ☐ Female ☐ Nonbinary RHC ID # _____

Sponsored Agency (if applicable): _____

Signature: _____ Date _____

Applicants are required to submit the following documents at the time of submitting their application:

☐ Copy of Unofficial Transcripts of Fire Technology classes

☐ Copy of Current EMT-B Certification or EMT-B Course completion with at least a "B"

☐ Copy of Driver's License

☐ Medical Physical Form

☐ Health Questionnaire Form

☐ Medical Insurance Verification Form

☐ If you have medical insurance, provide a copy of your insurance card

☐ Student Questionnaire Form

Other documents potentially needed:

☐ Coursework-in-Progress Verification Form (only Fire Technology or EMT classes that are still pending a final grade)

☐ Sponsorship Verification Form (only if you are a sworn or non-sworn sponsored applicant)

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BASIC FIRE ACADEMY

SPONSORSHIP VERIFICATION
SWORN & NON-SWORN

I hereby certify that _____ is a bonafide:

IN-SERVICE (SWORN) APPLICANTS

☐ Sworn member of a governmental or industrial fire protection or fire prevention agency. I also certify that this individual will be provided with worker's compensation insurance by the agency for any injury suffered during the academy.

SPONSORED (NON-SWORN) APPLICANTS

☐ Sponsored member of a department (such as Auxiliary, Reserve, Explorer, Ambulance Operator) with ties to sponsoring agency and intent of cadet returning to agency after completion of Fire Academy in a described capacity.

☐ Non-sworn sponsored applicants must meet minimum prerequisites and academy admissions requirements.

Signature: _____ Date: _____
Fire Chief

Fire Chief's Printed Name: _____

Department: _____ Phone Number:_____

*Verification of sponsorship must be submitted with application for sponsorship to be considered.

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COURSEWORK-IN-PROGRESS VERIFICATION

Use ONE form per college. Photocopy additional forms as needed.

Date: _____

Last Name: _____ First: _____

Birthdate: _____ RHC ID#:_____

Name of College: _____

Semester: ❒ Fall ❒ Spring ❒ Summer

Year: _____

STUDENT: Identify the course #, title and units on the form. Please have your Fire Technology/EMT instructors verify your current progress by indicating your current grade and signing below. **If you are taking an online course**, email your online instructors asking them to send your progress directly to you via email. Print a copy of the email and attach it to this form.

INSTRUCTOR: Tentative grades are needed for the above-named student who is applying for the Rio Hondo College Fire Academy. For online courses, please email coursework-in-progress directly to student for processing.

Course #	Pending Courses Only	Current Grade	Instructor's Name/Signature
		A B C D F CR NC	
		A B C D F CR NC	
		A B C D F CR NC	
		A C D F CR NC	
		A B C D F CR NC	
		A B C D F CR NC	

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HEALTH QUESTIONNAIRE

To be completed by student. Please use ink and print clearly.

PERSONAL INFORMATION

NAME: _____ DATE: _____

PERMANENT ADDRESS: _____ TELEPHONE: _____
Street

RHC ID#: _____

_____
City State Zip Code

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

☐ MALE
☐ FEMALE
☐ NONBINARY

. . . . . .

HEALTH HISTORY

Check conditions you have had or now have. Show dates on non-chronic conditions.

- ❒ Allergies
- ❒ Anemia
- ❒ Arthritis
- ❒ Asthma
- ❒ Back Pain
- ❒ Bladder Conditions
- ❒ Bronchitis
- ❒ Cancer
- ❒ Chicken Pox
- ❒ Convulsive Disorder
- ❒ Crohn's Disease
- ❒ Diabetes
- ❒ Dizziness
- ❒ Draining Ear
- ❒ Fainting
- ❒ Gall Bladder Disease
- ❒ Headaches (Frequent)
- ❒ Headaches (Migraine)
- ❒ Heart Trouble
- ❒ High Blood Pressure
- ❒ Impairment of Hearing
- ❒ Kidney Trouble
- ❒ Marked Fatigue
- ❒ Nervous Breakdown
- ❒ Other Blood Diseases
- ❒ Palpitation
- ❒ Pneumonia
- ❒ Rheumatic Fever
- ❒ Seizures
- ❒ Smoking Habits
  Packs Daily: ❒ 1 ❒ 2 ❒ 3
- ❒ Stomach Conditions
- ❒ Thyroid Disease
- ❒ Treatment for Alcoholism
- ❒ Treatment for Drug Addiction
- ❒ Ulcers

List any other illness you have had (include date and type) _____

List all medications you are taking (include over the counter) _____

Surgical Procedures (include date and type) _____

Severe Accidents, including fractures. (include date and type) _____

Female Menstrual Disorders ❒ No ❒ Yes (please list) _____

Have you ever been treated for a nervous, mental or emotional problem? ❒ Yes ❒ No

If yes, give approximate dates and nature of problem: _____

- **I will be subject to being removed from this program if any statement on this form is found to be false.**

Student Signature: _____ **Date:** _____

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MEDICAL PHYSICAL

To be completed by Medical Provider.

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____

Height	Weight	BP	Temperature	Pulse	Respiration

Skin _____ Ears _____

Eyes _____ Throat _____

Teeth _____ Neck _____

Chest / Lungs _____

Heart: Before Exercise _____ After Exercise _____

Abdomen _____ Hernia _____

Are you currently pregnant? ❒ Yes ❒ No

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 ❒ Glasses ❒ Contact Lenses		
Examiner:		
Date:		

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

Examining Medical Provider: _____ Date: _____

(Signature)

Provider Printed Name: _____ Phone Number: _____

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MEDICAL INSURANCE VERIFICATION

Name: _____ Home Phone: _____

Address: _____

Social Security Number: _____ RHC ID#: _____ DOB: _____

Do you have medical insurance? ☐ Yes ☐ No (Note: Insurance is not necessary to enter the Fire Academy)

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

Insurance Co: _____ ☐ Individual ☐ Group ☐ HMO

Policy holder's 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 holder's 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.**
- **If you have insurance, please make a copy of your insurance card and submit with this form.**

_____ _____
Signature Date

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STUDENT QUESTIONNAIRE

Last Name: _____ First: _____M.I. _____

1. Were you accepted in a prior Academy class here or at another Fire Academy? ❒ Yes ❒ No

   If so, which class or which Academy? _____

2. Have you ever served in the American Armed Forces? ❒ Yes ❒ No

   If so, what branch of service? _____

   How long? _____

   What was your military specialty? _____

3. Have you been a member of a Fire Explorer Post? ❒ Yes ❒ No

   If so, for what Fire Department _____

   How long? _____

4. Do you have any fire service experience? ❒ Yes ❒ No

   If so, what kind? _____

   How long? _____