

# Res1cue

Fire & EMS Training, LLC.  
Zanesville, Ohio 43701  
res1cuetraining.com

## Student Application

### STUDENT INFORMATION: *(please print)*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ State Cert Number: \_\_\_\_\_

Email: \_\_\_\_\_

### EMERGENCY MEDICAL INFORMATION *(please print)*

Do you have any health condition or handicaps, or take special medications of which we should be aware? If so please list \_\_\_\_\_

In the event of an emergency please notify: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Do you have an IEP: \_\_\_\_\_

### COURSE INFORMATION: *(please print)*

Course Name: \_\_\_\_\_ Course Number: \_\_\_\_\_

### FIRE DEPARTMENT-EMS AGENCY-ORGANIZATION INFORMATION *(please print)*

Fire Department/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

### APPLICATION MUST BE SIGNED BY STUDENT AND RESPONSIBLE PARTY *(please sign)*

*I have met all the prerequisite for the class and grant Res1cue Fire & EMS Training, LLC. authority to obtain medical attention and treatment should I become physically or mentally injured because of accident or illness*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Chief/EMS Agency/Organization: \_\_\_\_\_ Date: \_\_\_\_\_

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## Guidelines for Fire Training

### THE STUDENT:

- Level I shall be at least eighteen years of age or student 17 years old that is in the final/twelfth grade in a secondary school program.
- Level I students can be 16 years old in the eleventh or final/twelfth grade in a secondary school public safety program. In the eleventh-grade participation is limited to classroom and practical skills associated with firefighter I course objectives; students in the eleventh grade are prohibited from participation in any training activity involving Immediately Dangerous to Life and Health (IDLH) environments including any live fire training
- VFF & Level II shall be at least eighteen years of age or student 17 years old that is in the final/twelfth grade in a secondary school program.
- VFF students must not have facial hair that interferes with the performance of an SCBA.
- For students enrolled in a fire course above the VFF (36hr) level must be clean shaven (no beards) and have no facial hair that interferes with the performance of an SCBA (See Ohio Administrative Code Chapter 4121:1-21).
- Shall wear NFPA approved turnout gear (Ohio Administrative Code Chapter 2121:1-21).
- Shall use self-contained breathing apparatus as prescribed in the (Ohio Administrative Code 4121:1-21)
- Must have the physical fitness and medical requirements form completed by a physician and attached with a copy of a current physical record of within 1 year of the start of class date
- A copy of any prerequisites such as copy of VFF certification to take a transition course
- If not affiliated with a fire department, shall provide proof of health and accident insurance coverage, prior to the first date of class
- Must provide a copy of a high school transcript with GPA of 1.5, or equivalent work keys assessment test result
- Background release if affiliated by a fire department, if no fire department affiliation applicant must provide a BCI background check (see local sheriff's office for more info)
- Must provide a copy of any prerequisites such as a copy of FFI to take an FFII course.
- VFF students must provide a copy of completion certification for NIMS 100,700
- Fire students enrolled in courses above VFF must provide copy of completion certificate for NIMS 100, 200 and 700.
- All NIMS training can be found at [www.training.fema.gov](http://www.training.fema.gov)

**I hereby acknowledge that I have read,  
understand, and will comply with, all the above  
listed training guidelines.**

**Student Name Print:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Res1cue**  
Fire & EMS Training, LLC.  
Zanesville, Ohio 43701

# Waiver & Liability Release

**Student Name:** \_\_\_\_\_

The above student voluntarily desires to participate in Res1cue Fire & EMS Training, LLC. training course; and WHEREAS, the undersigned is aware that there are risks and hazards which may arise through participation in said activity and that participation in said activity has serious risks, including risk of loss of life and/or limb and/or property of the undersigned; and WHEREAS, the undersigned being knowledgeable that risks are involved in said Course and being willing to waive all rights, or claims to injury, person, and/or property; THEREFORE, it is agreed as follows: In consideration of being allowed to participate in said activity and receive educational and other benefits the undersigned hereby voluntarily assumes all risks of accident or personal damage to his person or property, and hereby releases Res1cue Fire & EMS Training, LLC., its affiliated agents and contracted employees, from every claim, liability or demand of any kind sustained, whether caused by negligence of Res1cue Fire & EMS Training, LLC. its agents or employees, or otherwise. This Release shall be binding upon any heirs, administrators, executors and assigns of the undersigned. The undersigned, by signing this Release, hereby certifies that the undersigned has read and fully understands the conditions herein provided.

Res1cue Fire & EMS Training, LLC. and any affiliated agencies is making available selected facilities, training grounds, equipment, and staff, to provide an opportunity to learn on the part of its students and other invitees, makes no representation of and assumes no liability for the suitability or condition of its or other selected facilities, training grounds; or equipment. The training facility assumes no liability for and shall be indemnified and held harmless for any claims, demands or suits of any nature, kind or description whatsoever, including costs and expenses, for or on account of any loss or damage to property owned or possessed by any student or other invitee or any injury to such person which may result from any cause, including but not limited to, the condition and operation of training facility facilities, training grounds and equipment, or the condition and operation of any other selected facilities, training grounds and equipment, and the acts or omissions of members of its staff The members of the training facility staff and the instructors who are independent contractors with the state, in their personal and representative capacity, assume no liability for and shall be indemnified and held harmless from suit of any nature, kind, or description whatsoever, including costs and expenses for or on account of any loss or damage to property owned or possessed by any student or other invitee or any injury to such person which may result from any cause whatsoever. Student or invitee hereby authorizes the training facility to seek emergency medical assistance on their behalf, as necessary, and agrees to pay for any and all medical expenses incurred on his behalf. Student or invitee shall indemnify and hold harmless the training facility, for any and all such emergency medical expenses.

I hereby agree to hold Res1cue Fire & EMS Training, LLC. harmless from all liability whatsoever for any injury or illness to the above-named person, or any damage or loss of equipment of whatever kind or character, owned by me or in my possession, while participating in and training or education activities provided by Res1cue Fire & EMS Training, LLC.

**STUDENT SIGNATURE:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

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Fire & EMS Training, LLC.  
3625 Darlington Drive  
Zanesville, Ohio 43701

## Authorization for Payment

**Student Name:** \_\_\_\_\_

### Authorization Information:

The above-named student is hereby authorized by the representing Fire Department/EMS Agency/Organization listed below to voluntarily enroll into a course offered by the Res1cue Fire & EMS Training, LLC.

By my signature below attest the student has met the eligibility requirements as established for the course and by signature of authority below indicate an agreement to terms of payment in full for the course are to be made in full prior to the completion of course and or prior to the student taking a certification examination.

Res1cue Fire & EMS Training, LLC. will invoice the Fire Department or EMS Organization a price for course as listed and accordance with the current Policy and Procedure manual. Payment can be submitted by check or money order or as cash to Res1cue Fire & EMS Training, LLC. 3625 Darlington Drive Zanesville, Ohio 43701

The Fire Department or EMS Organization signature of authority below also indicate an agreement to terms of Res1cue Fire & EMS Training, LLC. Policy and Procedure manual stating the following conditions:

#### Self-Pay Students

- Self-pay or non-department affiliated students must have a down payment of at least
- half of the course cost prior to the beginning of a course in order to enroll. The second half of payment will be due by the mid-point of the course. Failure to do so will result in the student being excused from the program.

#### Student Withdrawals

- Students who wish to withdrawal from a class may do so by submitting a letter to the Program Director.

#### Refunding of Tuition Payments

- All refunds will be minus \$250.00 processing fee and any cost for textbook, paperwork, class shirt, ect. Students that are beyond the first quarter of the class or have been dismissed shall forfeit any refund.
- If the student is receiving funding from a State Grant or other form of grant reimbursement and does not complete, is removed, or fails a course, the student-sponsoring fire department/ems agency/organization will be responsible for the tuition payment in full as based on this policy even if the student fails to meet course completion criteria.

**I hereby acknowledge that I have read,  
understand, and will comply with, all the above listed  
authorization for payment guidelines.**

**Fire Chief/EMS Agency/Organization Name** \_\_\_\_\_

**AHJ Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## Fire Background Release

Date:

\_\_\_\_\_

I, \_\_\_\_\_

Chief of \_\_\_\_\_ Fire Department

hereby attest that student \_\_\_\_\_

has undergone a fire department interview and background check with character traits as reference prior to the start of this course. These requirements are in place to meet the requirements of NFPA 1010, *Standard for Fire Fighter Professional Qualifications*.

Fire Chief/EMS Agency/Organization

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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## Physical Fitness and Medical Requirements for Fire Training

**Student Name:** \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_

### Entrance Requirements relating to NFPA 1580 Medical Exam:

Chapter 4765-24 of the Ohio Administrative Code requires Firefighter I and II training courses to comply with NFPA 1010, Standard for Fire Fighter Professional Qualifications. NFPA 1010, Chapter 1 references NFPA 1580, Standard on Comprehensive Occupational Medical Program for Fire Departments, Chapter 5 which addresses the Essential Job Tasks of candidates (not the Medical Requirements). The Essential Job Tasks discuss the level of exertion, stress, and potential exposure to hazardous substances while performing firefighting tasks, rescue operations, and other emergency response actions, including working in extremely hot or cold environments for prolonged time periods while wearing personal protective ensembles including self-contained breathing apparatus (SCBA).

NFPA 1580 Chapter 5 states that “the physician shall consider the physical, physiological, intellectual, and psychological demands of the occupation when evaluating the candidate’s ability to perform the essential job tasks” and that “medical requirements shall be correlated with the essential job tasks.”

### Medical Requirements:

Based on the language in NFPA 1010 and NFPA 1580, the Division of EMS and the Ohio Attorney General’s Office have determined that a local physician, using as a reference the Essential Job Tasks outlined in chapter 5 and the Medical Requirements outlined in chapter 6 of the NFPA 1580 standard, should be properly informed as to the physical demands of the firefighting profession. Therefore, it is within the purview of a physician, working in conjunction with the local chartered fire training program to determine the physical and medical fitness of a student to participate in a firefighter I or II training course.

The Essential Job Tasks outlined in chapter 5 and the Medical Requirements outlined in chapter 6 of the NFPA 1580 are located on the back of this form.

### Essential Functions of Firefighting

The Essential Functions of Firefighting listed below are meant to serve as a reference resource for physicians when determining the fitness of a candidate for firefighting duties. The Essential Functions of Firefighting is meant to define and to give a broader understanding of the physical requirements demanded of firefighters.

The Essential Functions of Firefighting are merely meant to be used as an aid for physicians when determining the physical status of a candidate. Performing fire-fighting tasks (e.g., hose line operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods.

See reverse Side

## Essential Functions of Firefighting

- Wearing a SCBA, which includes a demand valve–type positive-pressure face piece or HEPA filter masks which requires the ability to tolerate increased respiratory workloads.
- Exposure to toxic fumes, irritants, particulates, biological (infectious) and non-biological hazards and/or heated gases, despite the use of personal protective ensembles and SCBA.
- Climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lb (22.6kg) or more and carrying equipment/tools weighing an additional 20 to 40 lb (9 to 18 kg).
- Wearing fire protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C).
- Searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 lb. (90 kg) to safety despite hazardous conditions and low visibility.
- Advancing water-filled hose lines up to 2-1/2 in. (65 mm) in diameter from fire apparatus to occupancy [approximately 150 ft. (50 m)], which can involve negotiating multiple flights of stairs, ladders, and other obstacles.
- Climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces and operating in proximity to electrical power lines and/or other hazards.
- Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration.
- Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens.
- Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, which is further aggravated by fatigue, flashing lights, sirens, and other distractions.
- Ability to communicate (give and comprehend verbal orders) while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems (sprinklers). Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members.

**I hereby acknowledge that I have read, understand, and will comply with all the above listed requirements.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I hereby acknowledge the individual listed above meets the physical, physiological, intellectual, and psychological requirements. Must be MD- DO- PA- APRN signature**

**Examiner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_