

York County Chief's Association

2012 Firefighter I & II Academy

December 14, 2011 - June 2, 2012

The York County Chief's Association is pleased to announce its 2012 Firefighter I & II Academy, using the Jones & Bartlett, Fundamentals of Firefighter Skills curriculum.

This program meets or exceeds the requirements of NFPA 1001; Standard for Firefighter Professional Qualifications, 2003 edition. The academy prepares the student for National Certification through Maine Fire Training and Education, which will be offered at the completion of the YCCA FF I & II Academy.

The student must possess the aptitude and cognitive learning skills to comprehend college level education.

Application Deadline: November 4, 2011 @ 4pm / No Exceptions

Only completed applications will be accepted, completed applications shall include signatures for the medical information section, and fire chief authorization.

Acceptance Letters: Acceptance letters will be mailed out on November 7, 2011

Tuition: \$725.00, which includes textbook, student's manuals, and required uniform shirt

Student Orientation: December 14th @ 6:30 pm – West Kennebunk Fire Station

Class Schedule: Classes will begin on January 2, 2012, and are scheduled for Monday and Wednesday evenings, and several Saturdays, concluding on or about June 2, 2012. A full course schedule will be made available at the Student Orientation Night.

Maximum Number of Students: 28

For additional information please check our web site, www.yorkcountychiefs.org or contact Kevin Duross, Program Director, at kduross62@gmail.com

Completed Applications should be returned to:

2012 Firefighter I & II Academy
c/o Captain Steve Dupras
Goodwin's Mills Fire Department
481 Goodwin's Mills Rd.
Lyman, ME 04002

York County Chiefs Association
York County, Maine

President Matt Bors
Secretary Denise DeAngelis

Vice President John Duross
Treasurer Karen Gagnon Wheeler

PROFILE APPLICATION FOR FIREFIGHTER I & II ACADEMY

DATE OF APPLICATION: _____

DATE RECEIVED: _____ RECEIVED BY: _____

DATE PROCESSED: _____ PROCESSED BY: _____

A. APPLICANT IDENTIFICATION:

NAME: _____
(LAST) (FIRST) (MIDDLE)

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ - _____

MAILING ADDRESS (IF DIFFERENT): _____

CITY: _____ STATE: _____ ZIP CODE: _____ - _____

TELEPHONE NUMBERS: _____ / _____ / _____
(HOME) (CELLPHONE) (PAGER)

E-MAIL ADDRESS: _____

NICKNAME(S) / KNOWN BY: _____ MAIDEN NAME: _____

DATE OF BIRTH: _____ / _____ / _____
(MONTH) (DAY) (YEAR)

EMERGENCY CONTACT PERSON & NUMBER _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DRIVERS LICENSE #: _____ STATE: _____ EXP. DATE: _____

SPONSORING DEPARTMENT _____

YEARS IN THE FIRE SERVICE _____ Shirt Size (Polo Shirt) S M L XL XXL

D. EDUCATIONAL HISTORY

HIGH SCHOOL		DATES ATTENDED		GRADUATED	
ATTENDED	CITY-STATE	FROM	TO	YES	NO

COLLEGE OR UNIVERSITY		DATES ATTENDED		DEGREE	
ATTENDED	CITY-STATE	FROM	TO	YES	NO

EMS LICENSE

(COPIES OF LICENSES AND CERTIFICATES MUST BE ATTACHED TO COMPLETED APPLICATION)

LICENSE #: _____ EXPIRATION: _____ LEVEL: _____ STATE: _____

DO YOU HAVE ANY OF THE FOLLOWING TRAINING?

HEALTHCARE PROVIDER CPR: Yes No EXPIRATION: _____

AVOC/EVOC: Yes No DATE TAKEN: _____

OTHER _____

FIREFIGHTING CERTIFICATIONS

(COPIES OF LICENSES AND CERTIFICATES MUST BE ATTACHED TO COMPLETED APPLICATION)

DO YOU HAVE ANY OF THE FOLLOWING TRAINING?

- | | | | |
|--|--------------------|---|--------------------|
| <input type="checkbox"/> FF 1 | DATE: _____ | <input type="checkbox"/> FF 2 | DATE: _____ |
| <input type="checkbox"/> PUMPS 1 | DATE: _____ | <input type="checkbox"/> PUMPS 2 | DATE: _____ |
| <input type="checkbox"/> EVOC/AVOC | DATE: _____ | <input type="checkbox"/> CPR | DATE: _____ |
| <input type="checkbox"/> FORESTRY S 130 / 190 | DATE: _____ | | |
| <input type="checkbox"/> OTHER CERTIFIED COURSES: | _____ | | |
| | _____ | | |
| | _____ | | |

MEDICAL INFORMATION

Have you completed any of the following? (attach current documentation)

- TB test** **Date:** _____ **HBV test** **Date(s):** _____

SCBA FIT TEST AND MEDICAL WAIVER ARE BOTH MANDATORY FOR THIS COURSE

- SCBA MASK FIT TEST** **DATE:** _____ **MEDICAL WAIVER** **DATE:** _____

Comments: _____

FIREFIGHTING AUTHORIZATION

I hereby consent for the above named to participate in the above course and verify that he/she is covered by our department (or company) insurance, is not receiving workmen's compensation at this time, and his/her physical fitness level is appropriate for the course requested. I also am confident that the above named has the aptitude and cognitive learning skills to comprehend college level education.

Name of Applicant: _____
(Please print)

Signature of Fire Chief: _____ Date: _____

APPLICANT DECLARATION

I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

Name of Applicant: _____ Date: _____
(Please print)

Signature of Applicant: _____ Date: _____