



FUTURE FIRE ACADEMY

futurefireacademy.org

530-663-3993

futurefireacademy@gmail.com

FUTURE FIRE ACADEMY TRAINS CADETS TO BE QUALIFIED WILDLAND FIREFIGHTERS.

ACADEMY DETAILS

Wildland fire qualifications to help gain employment in the fire service.

- Class size is limited to 24 students.
- Priority registration will be given to applicants residing within El Dorado County.
- Participants will be subject to random drug testing.

Training may include:

- Fire Attack Strategies
 - Wildland Fire Control
 - Interior Structure Operations
- Fire Engine Operations
- Fire Line Construction
- Firefighter Safety

APPLICATION PROCESS

Step 1: Submit Application

- A screening panel will review only completed applications to determine which candidates will be considered. Incomplete applications will not be accepted. Please follow all steps.

Step 2: Interview with Anthony Pedro, Chief Executive Officer

Step 3: Field Training Review

To turn in your application, please make arrangements with:

Anthony Pedro, Founder and CEO of Future Fire Academy

Phone: 530-663-3993

Email: futurefireacademy@gmail.com

APPLICATION REQUIREMENTS

Please include ALL of the following items:

- Completed Application
- Signed Requirements and Expectations Form
- Completed Physical Evaluation Form including:
 - Proof of 1 Negative PPD Test
 - Tetanus Vaccination
 - Hep B 1, 2, & 3 Series
 - Physical must be current and within 90 days of the start of class. Physicals must be completed on the form included in this application packet (Last 2 pages).
 - Applicants are responsible for all costs associated with physical evaluation and inoculations.
- Signed Waiver and Release of Liability Form
- Current Resume
- Letter(s) of Recommendation
- A copy of your High School Diploma, CHSPE, GED or transcript showing proof of graduation

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FUTURE FIRE ACADEMY APPLICATION

LAST: _____ FIRST: _____ MIDDLE: _____

ADDRESS: _____
STREET OR P.O. BOX CITY, STATE, ZIP CODE

TELEPHONE: _____ E-MAIL: _____

VALID SOCIAL SECURITY NUMBER: ☐ YES ☐ NO

SSN: _____ - _____ - _____ DATE OF BIRTH: ____/____/____

EMERGENCY CONTACT: _____
NAME TELEPHONE NUMBER

SHIRT SIZE: XS S M L XL XXL PANT SIZE: _____ BOOT SIZE: _____

<p>Ethnicity: (Select one or more)</p> <p><input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Island <input type="checkbox"/> Alaska Native</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic</p>	<p>Native Language: (Select one)</p> <p><input type="checkbox"/> English <input type="checkbox"/> Hmong <input type="checkbox"/> Lao <input type="checkbox"/> Spanish <input type="checkbox"/> Cambodian</p> <p><input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog <input type="checkbox"/> Farsi <input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Korean <input type="checkbox"/> Punjabi <input type="checkbox"/> Other:</p>
<p>Labor Force Status: (Select one)</p> <p><input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired</p>	<p>Gender:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary</p>

Employment Barriers: (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Cultural Barriers | <input type="checkbox"/> Displaced Homemaker |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> English Language Learner |
| <input type="checkbox"/> Ex-Offender | <input type="checkbox"/> Foster Care Youth |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Long-term Unemployment |
| <input type="checkbox"/> Low Income | <input type="checkbox"/> Low Levels of Literacy |
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> Migrant Farmworker |
| <input type="checkbox"/> No TANT in 2 yrs. | <input type="checkbox"/> Seasonal Farmworker |

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EDUCATION

High School Attended: _____ Diploma, GED, CHSPE Received: ☐YES ☐NO

Vocational School or Program Attended: _____

From: _____ To: _____ Certificate Received: ☐YES ☐NO

College Attended: _____ Area of Study: _____

From: _____ To: _____ Certificate Received: ☐YES ☐NO

Through our partnership with the El Dorado County Office of Education there are multiple resources available to you. Please check below if:

You feel you need basic academic skills help? ☐YES ☐NO

You can write a good paragraph on job applications, etc.? ☐YES ☐NO

Have you ever been convicted of a felony? ☐YES ☐NO

If yes, please explain:

Are you currently on probation or parole? ☐YES ☐NO

If yes, please indicate your Probation/Parole Officer's name and telephone number:

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EMPLOYMENT: Attach resumeAre you currently employed? ☐Yes ☐No

Employer: _____ Phone Number: _____

Address: _____
STREET OR P.O. BOX CITY, STATE, ZIP CODE**PREVIOUS EMPLOYMENT:**

Organization	Address	Position	Dates

REFERENCES: Attach reference letters

Please list the names of the individuals as a reference for this program.

Name	Address	Phone Number

Do you know anyone who has taken this course? If so, who is this person and how do you know this individual?

Please describe in a paragraph your academic and work experience in the fire service, if any:

I hereby certify that the above information is true to the best of my knowledge. I understand that any falsification will result in cancellation of this application.

Signature: _____ Date: _____

Printed Name: _____

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REQUIREMENTS AND EXPECTATIONS

The goal of Future Fire Academy is to prepare students to become competent, confident, and skilled in the fire protection profession. In addition, you will receive training on how to prepare a resume and fill out job applications.

Listed below are requirements and expectations for class participation. Please read and initial the following:

The Student Must:

- Be free of infectious disease
- Maintain hands and arms free of disease (No acrylic nails)
- Meet and pass the medical requirements of the Physical Evaluation form (must be completed and signed by a physician)

In addition, students must agree to the following:

- Interact in a positive and professional manner with instructors, fellow students, and training staff.
- Comply with classroom/training site attire/appearance requirements.
- Attend class, on time, as scheduled by the instructor.
- Behave and perform in a professional manner.

Your signature below acknowledges that you are verifying the information to be true and correct and that you understand the class requirements.

Signature: _____ Date: _____

Printed Name: _____

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WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK

I acknowledge that I am an applicant for Future Fire Academy. I also understand and acknowledge that;

1. Future Fire Academy classes will involve strenuous physical activity and movement, which may be dangerous and hazardous,
2. There is a risk that a serious accident may occur during my participation at Future Fire Academy,
3. As a participant in the Future Fire Academy, I may suffer personal injury and harm, and
4. The injury or harm may be caused by Future Fire Academy staff, other participants, or a dangerous property condition. Knowing the risks involved, I nevertheless agree and consent to participate in Future Fire Academy.

In exchange for participating in the Future Fire Academy:

- I voluntarily assume any and all risks of injury, death and property damage related to my participation in the Future Fire Academy and knowingly agree to this waiver and release.
- I agree to waive, release, discharge, and promise not to sue Future Fire Academy, its officers, officials, employees, agents, and volunteers from and for any and all claims for damages for bodily injury, personal injury, death, or property damage that I may have, suffer or experience as a result of my participation in the Future Fire Academy classes. This release is intended to discharge, in advance, Future Fire Academy, its officers, officials, employees, agents, and volunteers from and against any and all liability arising out of, or connected in any way with, my participation in the Future Fire Academy classes, even though that liability may arise out of negligence on the part of Future Fire Academy, its officers, officials, employees, agents, and volunteers.
- I agree to indemnify, defend, and hold Future Fire Academy and its officers, officials, employees, agents, and volunteers harmless from any loss, liability, claim, damage, or expense that they may incur as a result of my participation in the Future Fire Academy classes.
- I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.
- I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the producers, sponsors, and organizers.

I understand and agree that this waiver, release, and assumption of risk will bind my heirs, executors, administrators and assigns.

I HAVE READ THIS WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK. I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

Participant's Signature: _____ Date: _____

Participant's Name: _____ Age: _____

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STUDENT PHYSICAL EVALUATION

Student's/Patient's Name: _____ Date of Birth: _____
 Date of this Physical Evaluation: _____

Medical History

Do you have or have had in the past:

Condition	Yes	No	If yes, please explain
Seizures or neurological disorder(s)			
Eye, ear, nose or throat disorder(s)			
Diabetes, thyroid or other endocrine disorder(s)			
Muscle, bone or joint disorder(s)			
Asthma or respiratory disorder(s)			
Heart or circulation disorder(s)			
Skin disorder			
Gastrointestinal disorder(s)			
Psychiatric disorder(s)			
Ligaments, tendons, joint pain			
Muscle, skeletal disorder(s)			
Herniations			
Nerve Damage			

Previous Hospitalizations or Surgical History (date and reason): _____

Current Medication: _____

Is the patient currently pregnant? ☐ Yes ☐ No

Allergies: _____

Physical Examination (This is a physical evaluation for occupational ability and is not to be interpreted as a diagnostic medical examination.)

Height: _____ Weight: _____ B/P: _____ P: _____

Ears, Nose, & Throat: _____

Neck: _____ Lymph Nodes: _____

Skin: _____

Heart: _____ Lungs: _____

Extremities: _____

Neurological: _____

****Mantoux PPD test must be completed by submission of application****

1st PPD Test Date:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Chest X-Ray (is necessary) Date:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative

Tetanus Vaccination (Must be current within 10 years):

HepB #1: _____ HepB #2: _____ HepB #3: _____

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Can this student perform the essential motor and sensory functions required of firefighter students?

☐Yes ☐No

A DESCRIPTION IS GIVEN BELOW OF THE PHYSICAL STRESSES TO WHICH A CANDIDATE IS SUBJECTED TO AT FUTURE FIRE ACADEMY. YOUR JUDGMENT IS NEEDED AS TO THE CADET'S CAPACITY TO PERFORM THE REQUIRED DUTIES. IN YOUR CONCLUSION, TAKE INTO ACCOUNT THE LONG-RANGE OUTLOOK FOR CONTINUED PERFORMANCE, AND THE CADETS ABILITY TO SAFELY PERFORM THESE DUTIES WITHOUT SIGNIFICANT INCREASED RISK OF INJURY TO SELF OR OTHERS BECAUSE OF MEDICAL CONDITION.

Cadets will work under the supervision of an instructor, to do the heavy physical work involved in firefighter training.

The cadet will be required to: pull various sizes of hose (up stairs, ladders, and hills), use hand tools to cut handline, throw ladders, hike on uneven terrain with extra weight, bend and twist their bodies, run chainsaws on roofs, use axes and sledge hammers to force doors open, all during periods of temperatures over 100 degrees.

A cadet must have visual acuity (Snellen) of not less than 20/100 without correction in each eye, corrected to not less than 20/30 in one eye; must have color vision sufficient to correctly identify vehicles; hearing adequacy within speech frequencies (uncorrected); and full use of both hands and feet. The individual must have the necessary strength and agility required for extensive bending, stooping, and squatting. The Candidate must be able to work in situations where heat is intense, in addition be able to tolerate heavy smoke, dust and exposure.

The cadet will be required to wear respiratory protection equipment (including self-contained breathing apparatus (SCBA). The use of such equipment may place a physiological burden on the cadet that varies with the type of equipment used, the job and workplace conditions in which the equipment is used, and the medical status of the incumbent.

The cadet typically is required to perform psychologically stressful and/or physically demanding duties consistent with firefighting, disaster response, and emergency medical response, including working in isolated areas, walking or running on uneven, rough terrain with 50 plus pounds of gear.

Duties involve field work requiring physical performance calling for above-average ability, endurance, and superior condition, including occasional demand for extraordinarily strenuous activities, under adverse environmental conditions and over extended periods of time; requires running, walking, difficult climbing, jumping, twisting, bending, and lifting over 25 pounds.

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ THE PHYSICAL/MENTAL STRESS JOB DESCRIPTION FOR THE CADET NAMED BELOW AND THAT IN HIS/HER JUDGMENT THE CADET HAS THE CAPACITY TO PERFORM THE REQUIRED DUTIES, HAS TAKEN INTO ACCOUNT THE LONG-RANGE OUTLOOK FOR CONTINUED PERFORMANCE, AND THE EMPLOYEE IS ABLE TO SAFELY PERFORM THESE DUTIES WITHOUT SIGNIFICANT INCREASED RISK OF INJURY TO SELF OR OTHERS BECAUSE OF MEDICAL CONDITION.

Candidate's Name: _____

Medical Provider's Name: _____ Date: _____

Medical Provider's Signature: _____

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