

**COLUSA COUNTY OFFICE OF EDUCATION**  
**Michael P. West, Superintendent of Schools**  
**Educational Services**  
**499 Marguerite St., Suite B, Williams, CA 95987**  
**Phone: (530) 473-1350 Fax: (530) 473-1343**



## **2018-2019 Basic Wildland Firefighter**

**Completed** applications will be accepted between October 2, 2018 and November 2, 2018 from 8:00 a.m. to 4:00 pm at 499 Marguerite Street, Suite B, Williams, CA 95987 (Colusa County Office of Educational Services). A screening panel will review only completed applications followed by interviews to determine which candidates will be considered. Class size is limited to 30 students. Priority registration will be given to graduating high school seniors.

A career in fire protection offers the opportunity to perform challenging and exciting work while protecting residents, resources, and property in the State of California. Prospective Basic Wildland Firefighters will start their education on January 4, 2019. Upon successful completion of the 240-hour course, the student will receive fire service certifications, a CCOE/CTE Certificate of Achievement and eligibility to apply for California Department of Forestry and Fire Protection (CAL FIRE) Basic Firefighter employment. This course is open to high school seniors (18 years of age by June 1, 2019) and adults.

*\*\*\*Incomplete applications will not be accepted so please follow all steps\*\*\**

**SENIORS IN HIGH SCHOOL** – contact your high school counselor or administrator to discuss enrollment in this CTE class.

### **2018-2019 Basic Wildland Firefighter’s Schedule**

- January 4, 2019 – March 24, 2019
- 12 weekends - total of 240 hours
- Friday **5:30 p.m. - 9:30 p.m.** (end times subject to change)
- Saturday & Sunday **8:00 a.m. - 5:00 p.m.** (end times subject to change)
- **Please Note: There will be a mandatory Job Search Workshop prior to the beginning of the class in January.** The workshop will be **November 10, 2018** at the Education Village.

### **The course training may include**

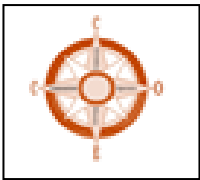
- Fire attack strategies
  - ✓ Wildland Fire Control
  - ✓ Interior Structure Operations
- Fire Engine Operations
- Fire line Construction
- Firefighter Safety

### **Cost**

- Fee: \$1,200 for Adults
- High School students are eligible for possible scholarships (call for details)
- Uniform (Approximately \$100)

### **Location**

- Education Village (E-1), 499 Marguerite Street, Williams CA 95987
- 4 weekends of training will be at off-site locations (candidate will be responsible for transportation)



**COLUSA COUNTY OFFICE OF EDUCATION**  
**Michael P. West, Superintendent of Schools**  
**Educational Services**  
**499 Marguerite St., Suite B, Williams, CA 95987**  
**Phone: (530) 473-1350 Fax: (530) 473-1343**



## **Basic Wildland Firefighter Course Application Requirements**

To be considered for the Basic Wildland Firefighter course, please complete and return all pages of this application to the Educational Services office of the Education Village between October 2, 2018 and November 2, 2018. This course will fill quickly; therefore, students with complete paperwork will receive priority for review by a screening panel and interview committee. Please include **ALL** of the following items:

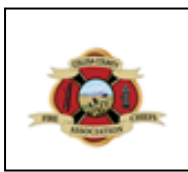
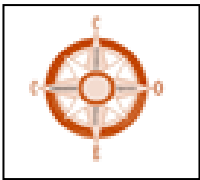
- \_\_\_\_\_ This “Basic Wildland Firefighter Course Application Requirements” checklist.
- \_\_\_\_\_ Completed Application
- \_\_\_\_\_ Letter of Recommendation
- \_\_\_\_\_ Signed Program Expectations and Requirements
- \_\_\_\_\_ Signed High School Agreement (Seniors only)
- \_\_\_\_\_ A copy of your high school diploma, CHSPE, GED, or transcript showing proof of graduation. High School seniors will submit a current transcript
- \_\_\_\_\_ Successful completion of a 1-hour timed basic skills evaluation. The basic skills evaluation consists of questions in the following areas: spelling, reading comprehension, proofreading, basic math, English grammar, and critical thinking. The skills evaluation exam is available (by appointment only) at Colusa County Office of Education/Educational Services: Adult Education, 499 Marguerite Street, Williams between the hours of 8:00 a.m. and 3:30 p.m., Monday through Friday. Please call (530) 473-1350 ext. 10834 to schedule an appointment once the application has been submitted.

### **Course Fees:**

- Adults – \$1,200
- High School Students – may be eligible for scholarships
- Uniform (approx. \$100)

### **Additional Costs:**

- Applicants are responsible for all costs associated with physical evaluation and inoculations. Physical must be within 90 days prior to submitting application.
- Applicants must wear undamaged 100% leather boots and gloves during the course
- Applicants will be responsible for purchasing a Standard Uniform. Specifics will be addressed at the initial Job Search Orientation and Workshop 11/10/18.
- Applicant will be responsible for transportation to training at four off-site locations during the academy.



**COLUSA COUNTY OFFICE OF EDUCATION**  
**Michael P. West, Superintendent of Schools**  
**Educational Services**  
**499 Marguerite St., Suite B, Williams, CA 95987**  
**Phone: (530) 473-1350 Fax: (530) 473-1343**



## Basic Wildland Firefighter Course Application

Date of Application: \_\_\_\_\_

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET OR P.O. BOX CITY, STATE, ZIP

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

VALID SOCIAL SECURITY NUMBER YES  NO  DATE OF BIRTH: \_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_  
NAME/TELEPHONE NUMBER

**EDUCATION:**

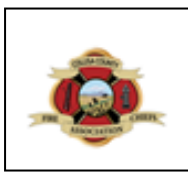
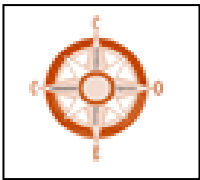
High School Attended: \_\_\_\_\_  
 Diploma, GED, CHSPE Received: \_\_\_\_\_ Yes \_\_\_\_\_ No

Vocational school or program attended: \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Certificate received: \_\_\_\_\_ Yes \_\_\_\_\_ No

College Attended: \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ No. Units Completed: \_\_\_\_\_ Area of Study: \_\_\_\_\_  
 Degree: \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony? YES  NO  If yes, please explain \_\_\_\_\_

Are you currently on probation? YES  NO  If yes, please indicate your Probation Officer's name and telephone number: \_\_\_\_\_



**COLUSA COUNTY OFFICE OF EDUCATION**  
**Michael P. West, Superintendent of Schools**  
**Educational Services**  
**499 Marguerite St., Suite B, Williams, CA 95987**  
**Phone: (530) 473-1350 Fax: (530) 473-1343**



**CURRENT EMPLOYMENT:**

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PREVIOUS EMPLOYMENT:**

| Organization | Address | Position | Dates |
|--------------|---------|----------|-------|
|              |         |          |       |
|              |         |          |       |
|              |         |          |       |

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

| Name | Address | Phone |
|------|---------|-------|
|      |         |       |
|      |         |       |
|      |         |       |
|      |         |       |

**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:**

---



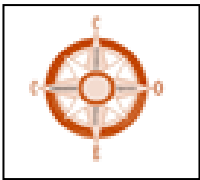
---



---



---



**COLUSA COUNTY OFFICE OF EDUCATION**  
**Michael P. West, Superintendent of Schools**  
**Educational Services**  
**499 Marguerite St., Suite B, Williams, CA 95987**  
**Phone: (530) 473-1350 Fax: (530) 473-1343**




---

**Explain why you are interested in enrolling in the Basic Wildland Firefighting course:**

---



---



---



---



---

**Describe the duties of a Wildland Firefighter:**

---



---



---



---



---

**What hourly salary do you expect to earn at the completion of this course? How did you arrive at this amount?**

---



---



---



---



---

**What is your career goal for the next five years?**

---



---



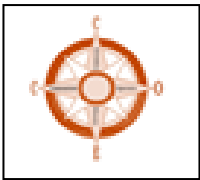
---



---



---



**COLUSA COUNTY OFFICE OF EDUCATION**  
**Michael P. West, Superintendent of Schools**  
**Educational Services**  
**499 Marguerite St., Suite B, Williams, CA 95987**  
**Phone: (530) 473-1350 Fax: (530) 473-1343**



**Provide any interesting information about yourself that you would like for us to know.**  
**This can be personal, academic, or professional.**

---



---



---



---



---

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. I understand that class fees are due with the application. Refunds are **not** given for “no shows” or cancellation on or after the first day of class.

\_\_\_\_\_  
 Signature

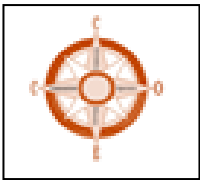
\_\_\_\_\_  
 Date

Bring to: Colusa County Office of Education  
 Educational Services: Adult Education  
 “Education Village”  
 499 Marguerite Street, Suite B  
 Williams, CA 95987

Attention: Jeremiah Karlonas  
 530-908-0583  
[Jeremiah.Karlonas@fire.ca.gov](mailto:Jeremiah.Karlonas@fire.ca.gov)

Or

Lorilee Niesen  
 Director of Educational Services  
 530-473-1350, ext. 10834  
[lniesen@ccoe.net](mailto:lniesen@ccoe.net)



**COLUSA COUNTY OFFICE OF EDUCATION**  
**Michael P. West, Superintendent of Schools**  
**Educational Services**  
**499 Marguerite St., Suite B, Williams, CA 95987**  
**Phone: (530) 473-1350 Fax: (530) 473-1343**



**Requirements and Expectations**

The goal of CTE Basic Wildland Firefighter 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 expectation for class participation. Please read and check off the following information:

**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, to be completed and signed by a physician.

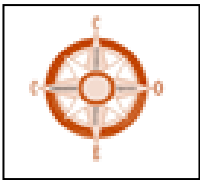
**In addition, students must agree to the following:**

- \_\_\_\_\_ 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 and accept the class requirements.

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

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



**COLUSA COUNTY OFFICE OF EDUCATION**  
**Michael P. West, Superintendent of Schools**  
**Educational Services**  
**499 Marguerite St., Suite B, Williams, CA 95987**  
**Phone: (530) 473-1350 Fax: (530) 473-1343**  
**Physical Evaluation for Student**



Student's/Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of this Physical Examination: \_\_\_\_\_

**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)                          |     |    |                        |

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

\_\_\_\_\_

\_\_\_\_\_

Current Medication: \_\_\_\_\_

Is 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, and Throat: \_\_\_\_\_

Neck: \_\_\_\_\_ Lymph Nodes: \_\_\_\_\_

Skin: \_\_\_\_\_

Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_

Extremities: \_\_\_\_\_

Neurological: \_\_\_\_\_

**\*\*Please note this new requirement of a two-step Mantoux PPD test must be completed by submission of application\*\***

| 1 <sup>st</sup> PPD Test Date   | Positive / Negative | 2 <sup>nd</sup> PPD Test Date | Positive / Negative |
|---------------------------------|---------------------|-------------------------------|---------------------|
| Chest x-ray (if necessary) Date |                     | Positive / Negative           |                     |

Tetanus Vaccination (Must be current with 10 years): \_\_\_\_\_

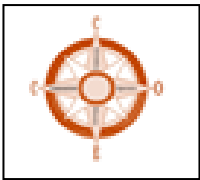
HepB#1: \_\_\_\_\_ HepB#2: \_\_\_\_\_ HepB#3: \_\_\_\_\_

Can this student perform the essential motor and sensory functions required of firefighter students? Yes \_\_\_ No \_\_\_

Physician's Signature: \_\_\_\_\_

Physician's Name Typed or Printed: \_\_\_\_\_





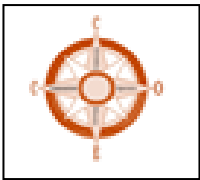
**COLUSA COUNTY OFFICE OF EDUCATION**  
**Michael P. West, Superintendent of Schools**  
**Educational Services**  
**499 Marguerite St., Suite B, Williams, CA 95987**  
**Phone: (530) 473-1350 Fax: (530) 473-1343**  
**Disqualifying Penal Code Sections**



If you have been convicted of any of the following crimes, you cannot receive licensure in health care related professions and CCOE/CTE cannot enroll you in any healthcare related classes. You may seek action with the courts to expunge your record, and then apply for the classes. All students in healthcare related classes undergo a Department of Justice background check. If you are found to have committed a crime on the following list, you will be dropped from the course. There will be no refunds of payments made if you are dropped from the course.

All applicants should review this list carefully to avoid wasting their time, effort and money by training, testing and submission of their background check request since they cannot receive the required criminal background clearance if they have been convicted of any of these violations.

| <b>Section</b> |  | <b>Section</b> |  |
|----------------|--|----------------|--|
| 187            | Murder   | 273a           | Willful harm or injury to a child;<br>(Includes degrees (a)-(c))                               |
| 192(a)         | Manslaughter, Voluntary  | 273d           | Corporal punishment/injury to a child<br>(Includes degrees (a)-(c))                            |
| 203            | Mayhem   | 273.5          | Willful infliction of corporal injury<br>(Includes (a)-(h))                                    |
| 205            | Aggravated Mayhem  | 285            | Incest   |
| 206            | Torture  | 286(c)         | Sodomy with person under 14 years<br>against will  |
| 207            | Kidnapping   | 286(d)         | Voluntarily acting in concert with or<br>aiding and abetting in act of sodomy<br>against will  |
| 209            | Kidnapping for ransom, reward, or<br>extortion or robbery              | 286(f)         | Sodomy with unconscious victim   |
| 210            | Extortion by posing as kidnapper                                       | 286(g)         | Sodomy with victim with mental<br>disorder or developmental or physical<br>disability          |
| 210.5          | False imprisonment   | 288            | Lewd or lascivious acts with child under<br>age of 14  |
| 211            | Robbery (Includes degrees in 212.5 (a)<br>and (b))                     | 288a(c)        | Oral copulation with person under 14<br>years against will                                     |
| 220            | Assault with intent to commit mayhem,<br>rape, sodomy, oral copulation | 288a(d)        | Voluntarily acting in concert with or<br>aiding and abetting                                   |
| 222            | Administering stupefying drugs to assist<br>in commission of a felony  | 288a(f)        | Oral copulation with unconscious victim  |
| 243.4          | Sexual battery (Includes degrees (a) - (d))                            | 288a(g)        | Oral copulation with victim with mental<br>disorder or developmental or physical<br>disability |
| 245            | Assault with deadly weapon, all inclusive                              | 288.5          | Continuous sexual abuse of a child<br>(Includes degree (a))                                    |
| 261            | Rape (Includes degrees (a)-(c))  | 289            | Penetration of genital or anal openings<br>by foreign object (Includes degrees (a)-(j))        |



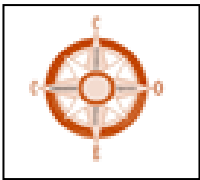
**COLUSA COUNTY OFFICE OF EDUCATION**  
**Michael P. West, Superintendent of Schools**  
**Educational Services**  
**499 Marguerite St., Suite B, Williams, CA 95987**  
**Phone: (530) 473-1350 Fax: (530) 473-1343**



|       |   |        |  |
|-------|---|--------|--|
| 262   | Rape of spouse (Includes degrees (a)-(e))                           | 289.5  | Rape and sodomy (Includes degrees (a) and (b))   |
| 264.1 | Rape or penetration of genital or anal openings by foreign object   | 368    | Elder or dependent adult abuse; theft or embezzlement of property (Includes (b)-                     |
| 265   | Abduction for marriage or defilement                                | 451    | Arson (Includes degrees (a)-(e))   |
| 266   | Inveiglement or enticement of female under 18                       | 459    | Burglary (Includes degrees in 460 (a) and (b))   |
| 266a  | Taking person without will or by misrepresentation for prostitution | 470    | Forgery (Includes (a)-(e))   |
| 266b  | Taking person by force  | 475    | Possession or receipt of forged bills, notes, trading stamps, lottery tickets or shares (Includes    |
| 266c  | Sexual act by fear  | 484    | Theft  |
| 266d  | Receiving money to place person in cohabitation                     | 484b   | Intent to commit theft by fraud  |
| 266e  | Placing a person for prostitution against will                      | 484d-j | Theft of access card, forgery of access card, unlawful use of access card                            |
| 266f  | Selling a person  | 487    | Grand theft (Includes degrees (a)-(d))   |
| 266g  | Prostitution of wife by force                                       | 488    | Petty theft  |
| 266h  | Pimping   | 496    | Receiving stolen property (Includes (a)-(c))   |
| 266i  | Pandering   | 503    | Embezzlement   |
| 266j  | Placing child under 16 for lewd act                                 | 518    | Extortion  |
| 266k  | Felony enhancement for pimping/pandering                            | 666    | Repeat convictions for petty theft, grand theft, burglary, carjacking, robbery and receipt of stolen |
| 267   | Abduction of person under 18 for purposes of prostitution           |        |  |

I have read the above statements and understand that I may be dropped from the class, with no refund, if DOJ review indicates that I have a record of committing any of the above offenses.

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



**COLUSA COUNTY OFFICE OF EDUCATION**  
**Michael P. West, Superintendent of Schools**  
**Educational Services**  
**499 Marguerite St., Suite B, Williams, CA 95987**  
**Phone: (530) 473-1350 Fax: (530) 473-1343**



**WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK**

I acknowledge that I am an applicant for the Wildland Firefighter Academy (WFA) with the Colusa County Office of Education. I also understand and acknowledge that;

- (1) The WFA class 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 in the WFA class,
- (3) As a participant in the WFA class, I may suffer personal injury and harm, and
- (4) The injury or harm may be caused by Authority staff, other participants, or a dangerous property condition. Knowing the risks involved, I nevertheless agree and consent to participate in the WFA class.

In exchange for participating in the Wildland Firefighter Academy (WFA) class:

- I voluntarily assume any and all risks of injury, death and property damage related to my participation in the WFA class and knowingly agree to this waiver and release.
- I agree to waive, release, discharge, and promise not to sue the Authority, 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 WFA class. This release is intended to discharge, in advance, the Authority, 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 WFA class, even though that liability may arise out of negligence on the part of the Authority, its officers, officials, employees, agents, and volunteers.
- I agree to indemnify, defend and hold the Authority 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 WFA class.
- 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

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
(If under 18 years old, Parent or Guardian must also sign.)

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date