

# OXNARD COLLEGE WILDLAND FIRE ACADEMY



Oxnard College offers a wildland fire academy each summer. The summer academy begins the first day of the summer semester, and is 8 weeks long. Classes are held Monday thru Thursday beginning at 0730 and ending at 1700. The class graduates mid-July.

Throughout the fire academy cadets will have the opportunity to earn CSFM and NWCG certifications.

<http://www.oxnardcollege.edu/departments/academic/fire-technology/wildland-firefighter-academy/wildland-certifications>

## **Prerequisites:**

The following courses are required prerequisites (completion required prior to application for the wildland academy).

- EMT R079 – Emergency Medical Responder  
(or)
- EMT R169 – Certified (National Registry or State)  
(or)
- Proof of a current Emergency Medical Responder/Advanced First Aid Course 40+hours  
(and)
- FT R151 – Fire Protection Organizations-Successful completion. (C or better) Proof of completion and or current enrollment must be provided at time of application. If enrolled at time of application, proof of successful completion must be provided by the first day of the academy.

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## **Acceptance Guidelines:**

- ❖ There are 40 seats open each summer for the academy. Entry is first come, first serve. However,
- ❖ (1) you must submit a complete application, which will be date stamped on the day it is received at the fire academy and,
- ❖ (2) attend a mandatory orientation several weeks prior to the first day of the academy. Incomplete applications will **not** be considered.
- ❖ Applications will only be accepted during the open application period, and must be received by 3pm by the final day of the application period. Application periods will be posted on the OC Wildland Fire Academy website link.

GOOD PHYSICAL CONDITION IS NECESSARY TO COMPLETE THIS COURSE.  
IT IS MANDATORY THAT YOU CONSULT YOUR PHYSICIAN. (Form is attached)

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## Application for Admission – Please Print Legibly

For the Summer Semester of 20\_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ (Best number to contact you)

Do you have a Fire Tech certificate or degree? Yes or No

If yes, where did you attend? \_\_\_\_\_

Do you have any other type of degree? Yes or No

If yes, where did you attend? \_\_\_\_\_

Have you completed OC or any other college's regional fire academy?  
Yes or No

If yes, where did you attend? \_\_\_\_\_

Do you have a military background? Yes or No

If yes, what branch? \_\_\_\_\_

EMT/EMR cert training: Location \_\_\_\_\_ State \_\_\_\_ Exp Date \_\_\_\_\_

Physician Clearance Form

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Student name: \_\_\_\_\_ Date \_\_\_\_\_

**The Oxnard College Wildland Fire Academy requires an individual to participate in activities which can include:** using shovels or other hand tools to construct fire lines, using personal protective equipment, engaging in arduous exertion, carrying heavy loads, walking and climbing, kneeling and stooping, and pulling out rapidly to safety zones, and doing so under conditions that may include very steep terrain, rocky, loose, or muddy surfaces, wet leaves and grasses, isolated and remote sites, airborne particulates, allergens, insects, reptiles, spiders, other (wild) animals. Students will also participate in a physical fitness regimen (running and circuit training), exercise and activities requiring eye-hand coordination, leg strength, and coordination, arm and upper body strength, shoulder strength and correct body weight distribution, as well as lift/pull and maneuver charged and uncharged hose lines. It is extremely important that the student disclose any injuries or illnesses that they have or have had. Our goal is to keep the student safe as well as the safety of other students. Students must pass the Work Capacity Test (Pack Test). **This test requires the student to walk 3 miles carrying a 45lb pack in 45 minutes.**

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## Physician Checklist:

1. Vital signs within normal limits? Yes \_\_\_ No\_\_\_

Concerns\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_

2. Musculoskeletal Concerns? Yes \_\_\_\_\_ No\_\_\_\_\_ Explain

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Cardio-vascular efficiency. EKG Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

Concerns\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Medical conditions, existing injury, or medications being taken for a chronic health problem that will affect total participation in the Wildland Fire Academy? Yes \_\_\_\_\_ No \_\_\_\_\_ Concerns

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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5. History of Asthma, Eczema, or other allergic reactions including medications?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

6. Had an operation/surgery or injury that would limit body movements or affect the student's ability to maneuver heavy equipment over rough/steep terrain for long periods? Yes \_\_\_\_ No \_\_\_\_

Concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Current medications? \_\_\_\_\_

8. Colorblind? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Inner ear problems (balance and hearing) Yes \_\_\_\_\_ No \_\_\_\_\_

**I agree \_\_\_\_\_ or disagree \_\_\_\_\_ that this candidate is physically capable of performing the tasks listed on this medical form. Additional sheets may be attached if needed or required.**

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's name \_\_\_\_\_ Lic # \_\_\_\_\_

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## Tell Us About You

**Please answer the following question on a separate sheet of paper. The information you provide will assist us in balancing experience levels within academy companies.**

1. Why do you think you would be the perfect candidate for the Oxnard College Wildland Fire Academy?
2. Describe your personal fitness level?
3. Describe a time when you have displayed leadership, mechanical, and/or problem solving skills.
4. What are your outstanding strengths?
5. What are your greatest weaknesses?
6. What is your greatest accomplishment so far?

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## Application Checklist

### Required forms:

- ☐ Application
- ☐ Physician Clearance Form
- ☐ Tell me about yourself answer sheet
- ☐ Unofficial college transcripts.
- ☐ Copy of EMT certification with expiration date or proof of EMR training.
- ☐ Copy of Driver's license or ID

Your complete application packets must include the items listed above or it will be considered incomplete. It is your responsibility to check your packet for completeness.

**Hand deliver (recommended) or Mail your application packet to:**

**Oxnard College Fire Academy Offices  
Attn: Gail Warner, Assistant Dean  
104 Durley Avenue  
Camarillo, CA 93010**

Oxnard College does not discriminate against any person in any of its programs because of race, color, religion, sex, national origin, age, disability, status as a Vietnam-era veteran or marital status.