

Requirements for Firefighter 1 & 2

- 1. High school diploma (submit copy with application)
- 2. Must not have a beard (see Ohio Administrative Code, Chapter 4121:1-21)
- 3. Have not been convicted of, pled guilty to, or had a judicial finding of guilt for fraud, felony, misdemeanor involving moral turpitude, and violation of any federal, state, county or municipal narcotics law.
- 4. Must provide evidence of a physical exam as required by the Ohio Revised Code.
- 5. Must wear NFPA approved turn out gear (see Ohio Administrative Code, Chapter 4121:1-21).
- 6. Must use self-contained breathing apparatus as prescribed in the Ohio Administrative Code, Chapter 4121:1-21
- 7. Release Form signed by appointing Fire Chief if applicable and student.
- 8. If non-appointed, must provide proof of health and accident insurance coverage.
- 9. Provide verification of online National Incident Management System (NIMS) training IS-100 and IS-700. Directions regarding obtaining this are attached.
- 10. Passing assessment scores in math, reading and locating information.
- 11. Student is responsible for any additional requirements as prescribed by the local chartered teaching institution.
- 12. Maintain 80% score on class quizzes and 75% on class final exam.
- 13. Follow student handbook guidelines.
- 14. Pre-medical Training CPR/First Aid or an Ohio EMS Card

I, hereby, state that I have read, understand and will comply with all of the above listed fire training requirements as they affect a fire-training course and Auburn Career Center.

Print Name:		
Signature:	Date:	



RELEASE OF LIABILITY

8140 Auburn Road, Concord Twp., OH 44077 Auburn Career Center

Chartered School Name

Address

WHEREAS, the undersigned voluntarily desires to participate in the **Firefighter 1 & 2** 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 either benefits there from the undersigned hereby voluntarily assumes all risks of accident or personal damage to his person or property, and hereby releases **Auburn Career Center**, its agents and employees, from every claim, liability or demand of any kind sustained, whether caused by negligence of the said **Auburn Career Center**, its agents or employees, or otherwise. This Release shall be binding upon 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.

Department Chief Signature (if applicable)	Student Signature (mandatory)
Department Name	Social Security Number
Date	



WAIVER

The Auburn Career Center in making available its or other selected facilities, training grounds, equipment, and its staff, to provide an opportunity to learn on the parts of its students and other invitees, making 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 possessed by any student or other invitee or any injury to such person which may result from any cause whatsoever.

Student or invitee hereby authorized the training facility to seek emergency medical assistance on his behalf, as necessary, and agrees to pay for any and all medical expense incurred on his behalf. Student or invitee shall indemnify and hold harmless the training facility for any and all such emergency medical expenses.

Student or Invitee	Date	
To be completed by student or invitee (Please Print)		
Name	Representing	
Social Security Number	Home Phone	
Address		
City	State & Zip Code	