



PUBLIC SAFETY PROGRAMS

APPLICATION PACKET

2020 - 2021

TOLLES CAREER & TECHNICAL CENTER
Public Safety Programs

STUDENT INFORMATION FOR ENROLLMENT INTO A STATE COURSE

School Class #		State Class #	
First Name			
Last Name			
M.I.			
SSN# (required)			
Ohio Certification # <small>(if already certified in something with Ohio)</small>			
Date of Birth			
Street Address			
City			
Zip Code			
County			
Phone #			
Email Address			
ADA Accommodations	YES or NO		
Department Affiliation			

TOLLES CAREER & TECHNICAL CENTER

Public Safety Programs

FIREFIGHTER LEVEL I AND II COURSE PREREQUISITES

To be eligible to enroll in the Fire Fighter Program, the applicant:

1. Must be seventeen (17) years of age prior to the first day of class.
2. If 17 years of age must be attending senior year of high school.
3. **Must not** have been convicted of, pled guilty to, had a judicial finding of guilt for any of the following:
 - A. Fraud or deception in applying for, or obtaining a certificate issued in accordance with state-supported class;
 - B. A felony;
 - C. A misdemeanor involving moral turpitude;
 - D. A violation of any federal, state, county or municipal narcotics law;
 - E. Any act committed in another state that if committed in Ohio, would constitute a violation set forth in this paragraph.
4. At the time of admission, is not under indictment for a felony or misdemeanor involving moral turpitude.
5. Does not currently engage in the illegal use of controlled substances, alcohol, or other habit forming drugs or chemical substances to an extent that it impairs the ability to perform the duties of a firefighter.
6. Has not been adjudicated mentally incompetent by a court of law.
7. Must provide and wear all NFPA-approved turn out gear, per the Ohio Administrative Code.
8. Must provide and use self-contained breathing apparatus as prescribed in the Ohio Administrative Code.
9. If sponsored by a department, must, prior to the first date of class, provide an official letter from the appointing authority accepting responsibility for all actions taken, injury, or liability incurred.
10. Must provide a copy of a valid Ohio driver's license and current automobile insurance certificate.
11. Must read and sign waiver of liability from the Tolles Career & Technical Center.
12. Must provide evidence of a physical examination, as required by Ohio Revised Code, by the first class session.
13. Must complete in entirety the public safety admissions packet.
14. Is responsible for any additional requirements as prescribed by Tolles Career & Technical Center.

The State of Ohio, Division of EMS and/or its governing board may refuse or limit a certificate to practice to an applicant who fails to meet one or more of the requirements listed in items 1-6. I hereby state that I have read, understand and will comply with all of the above-listed fire training prerequisites as they affect the fire fighter training program of Tolles Career & Technical Center.

STUDENT NAME (PRINTED)

STUDENT SIGNATURE

DATE

PARENT NAME (PRINTED)

PARENT SIGNATURE

DATE

TOLLES CAREER & TECHNICAL CENTER

Public Safety Programs

EMERGENCY MEDICAL TECHNICIAN COURSE PREREQUISITES

To be eligible to enroll in the Emergency Medical Technician Program, the applicant:

1. Must be seventeen (17) years of age prior to the first day of class.
2. If 17 years of age must be attending senior year of high school.
3. **Must not** have been convicted of, pled guilty to, had a judicial finding of guilt for any of the following:
 - A. Fraud or deception in applying for, or obtaining a certificate issued in accordance with state-supported class;
 - B. A felony;
 - C. A misdemeanor involving moral turpitude;
 - D. A violation of any federal, state, county or municipal narcotics law;
 - E. Any act committed in another state that if committed in Ohio, would constitute a violation set forth in this paragraph.
4. At the time of admission, is not under indictment for a felony or misdemeanor involving moral turpitude.
5. Does not currently engage in the illegal use of controlled substances, alcohol, or other habit forming drugs or chemical substances to an extent that it impairs the ability to perform the duties of an EMT-Basic.
6. Has not been adjudicated mentally incompetent by a court of law.
7. If sponsored by a department, must, prior to the first date of class, provide an official letter from the appointing authority accepting responsibility for all actions taken, injury, or liability incurred.
8. Must provide a copy of a valid Ohio driver's license and current automobile insurance certificate.
9. Must read and sign waiver of liability from Tolles Career & Technical Center.
10. Must provide evidence of a physical examination, as required by Ohio Revised Code.
11. Must complete in entirety the public safety admissions packet.
12. Is responsible for any additional requirements as prescribed by Tolles Career & Technical Center.

The State of Ohio, Division of EMS and/or its governing board may refuse or limit a certificate to practice to an applicant who fails to meet one or more of the requirements listed in items 1-6.

I hereby state that I have read, understand and will comply with all of the above-listed EMS training prerequisites as they affect the EMT-Basic training program of Tolles Career & Technical Center.

STUDENT NAME (PRINTED)

STUDENT SIGNATURE

DATE

PARENT NAME (PRINTED)

PARENT SIGNATURE

DATE

TOLLES CAREER & TECHNICAL CENTER
Public Safety Programs

APPLICATION FOR ADMISSION IN A PUBLIC SAFETY COURSE

(Separate application for each course)

Last Name:		First Name:	MI:
Street Address:		City:	State:
County:	Zip:	E-Mail Address:	
Home Phone:	Cell Phone:	SSN # (required)	
Birth date: (required)	Please indicate the course you are applying for:	Firefighter I & II	EMT-B

You must answer the following questions:

1. Are you at least 17 years of age? Yes No
- Questions 2 and 3 pertain to applying for, or obtaining a State of Ohio EMS or Fire certificate.**
2. Have you been convicted of, pled guilty to, indicted for, or had a judicial finding of guilt for fraud? Yes No
 3. Have you been convicted of, pled guilty to, indicted for, or had a judicial finding of guilt for material deception? Yes No
 4. Have you been convicted of, pled guilty to, indicted for, or had a judicial finding of a felony? Yes No
 5. Have you been convicted of, pled guilty to, indicted for, or had a judicial finding of moral turpitude? Yes No
 6. Have you been convicted of, pled guilty to, indicted for, or had a judicial finding of any narcotics law? Yes No
 7. Have you ever committed a misdemeanor in the course of practice as an EMT-Basic or Firefighter? Yes No
 8. Have you ever committed any act in relation to questions 2-7 in another State if committed in Ohio, would constitute a violation set forth in Emergency Medical Services State Law for firefighters and EMT-Basic? Yes No
9. Have you been an adjudicated mentally incompetent by a court of law? Yes No
 10. Do you currently engage in the illegal use of controlled substances? Yes No
 11. Do you currently engage in the illegal use of chemical substances or habit-forming drugs? Yes No
 12. Do you currently engage in the use of alcohol to an extent that it impairs the ability to perform the duties of a firefighter or EMT-Basic? Yes No
- Question 13 only applies if you are still in high school**
13. If you are currently enrolled in high school are you in the twelfth or final year of high school? Yes No

I attest that the above information is true and correct to the best of my knowledge. I hereby give permission to the Training Program to verify any of the above information.

Applicant Signature:		Date:	
Parent Signature (if under 18):		Date:	
Office use only	Name of Course:	Start Date:	End Date:
Lead Instructor:		Lead Instructor Certification Number:	
Training Program, Address and Phone: Tolles Career & Technical Center, 7877 U.S. Highway 42 South Plain City, Ohio 43064 (614) 873-4666 ext. 4335			

I attest that I have reviewed the above information and verified any prerequisite training required by the individual. I also attest that the above individual, having met the admission requirements set forth by Emergency Medical Services State Law for firefighters and EMT-Basic is admitted into the training program.

Program Coordinator - Signature	Program Coordinator (Print Name)	Date
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TOLLES CAREER & TECHNICAL CENTER
Public Safety Programs

PHYSICAL EXAM ENTRANCE REQUIREMENTS RELATED TO NFPA 1582

To: All 2020-21 School Year Students, Parents, and Tolles Staff
From: Josh McDowell, Public Safety Coordinator
Subject: Entrance Requirements relating to the NFPA 1582 Medical Exam
Date: July 24, 2020

This document is designed to provide information on entrance requirements as they relate to the required medical/physical exams.

Chapter 4765-11 of the Ohio Administrative Code requires Firefighter I and II training courses to comply with NFPA 1001, Standard for Fire Fighter Professional Qualifications. NFPA 1001, Chapter 4 references NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments, Chapter 5 which addresses the Essential Job Tasks of candidates (not the Medical Requirements). The Essential Job Tasks discuss the level of exertion, stress, and potential exposures to hazardous substances while performing firefighting tasks, rescue operations, and other emergency response actions; including working in extremely hot or cold environments for prolonged time periods while wearing personal protective ensembles including self-contained breathing apparatus (SCBA).

NFPA 1582 Chapter 5 states that “the physician shall consider the physical, physiological, intellectual, and psychological demands of the occupation when evaluating the candidate’s ability to perform the essential job tasks”; and that “medical requirements shall be correlated with the essential job tasks.”

Based on the language in NFPA 1001 and NFPA 1582, the Division of EMS and the Ohio Attorney General’s office have determined that a local physician, using as a reference the Essential Job Tasks outlined in chapter 5 and the Medical Requirements outlined in chapter 6 of the NFPA 1582 standard, should be properly informed as to the physical demands of the firefighting profession. These tasks and requirements are provided on the back of this document. Therefore, it is within the purview of a physician, working in conjunction with the local chartered fire training program, to determine the physical and medical fitness of a student to participate in a Firefighter training course.

***Bring this document with you so your physicians can review it with your student and meet the NFPA 1001 entrance requirements. Tolles High School Program students may utilize the Ohio High School Athletic Association (OHSAA) Pre-participation Physical Examination Form, or whatever physical exam form that your doctor's office uses ***

*****Somewhere on the physical form that will be provided to the program, the physician must state in writing that *“the student/patient meets the medical requirements outlined in NFPA 1582 and is able to perform all essential job tasks.”* This phrase must be written by the physician on the form to be accepted.**

ESSENTIAL FUNCTIONS OF FIREFIGHTING

The Essential Functions of Firefighting listed below are meant to serve as a reference resource for physicians when determining the fitness of a candidate for firefighting duties. The Essential Functions of Firefighting are meant to define and to give a broader understanding of the physical requirements demanded of firefighters.

The Essential Functions of Firefighting are merely meant to be used as an aid for physicians when determining the physical status of a candidate. Performing fire-fighting tasks (e.g., hoseline operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods.

- Wearing a SCBA, which includes a demand valve–type positive-pressure face piece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads.
- Exposure to toxic fumes, irritants, particulates, biological (infectious) and non-biological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA.
- Climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lb (22.6 kg) or more and carrying equipment/tools weighing an additional 20 to 40 lb (9 to 18 kg).
- Wearing a fire protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C).
- Searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 lb (90 kg) to safety despite hazardous conditions and low visibility.
- Advancing water-filled hoselines up to 2 1/2 in. (65 mm) in diameter from fire apparatus to Occupancy [approximately 150 ft (50 m)], which can involve negotiating multiple flights of stairs, ladders, and other obstacles.
- Climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards.
- Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration.
- Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens.
- Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, which is further aggravated by fatigue, flashing lights, sirens, and other distractions.
- Ability to communicate (give and comprehend verbal orders) while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hoselines and/or fixed protection systems (sprinklers). Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members.

TOLLES CAREER & TECHNICAL CENTER
Public Safety Programs

RELEASE

TOLLES CAREER & TECHNICAL CENTER
7877 U.S. HIGHWAY 42 SOUTH
PLAIN CITY, OHIO 43064

WHEREAS, the undersigned voluntarily desires to participate in the Tolles Career & Technical Center Public Safety Programs; 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 other benefits there from, the undersigned hereby voluntarily assumes all risks of accident or personal damage to his/her person or property, and hereby releases **TOLLES CAREER & TECHNICAL CENTER**, its agents and employees, from every claim, liability or demand of any kind sustained, whether caused by negligence of said **TOLLES CAREER & TECHNICAL CENTER**, its agents or employees, or otherwise. This release shall be binding upon any 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.

STUDENT NAME (PRINTED)

STUDENT SIGNATURE

DATE

PARENT NAME (PRINTED)

PARENT SIGNATURE

DATE

Public Safety Department Director's Printed Name

Public Safety Department Director's Signature

Adult Education Director & Assistant Superintendent Printed Name

Adult Education Director & Assistant Superintendent Signature

TOLLES CAREER & TECHNICAL CENTER
Public Safety Programs

STUDENT ACKNOWLEDGEMENT FORM

I have had the paperwork, policies and procedures reviewed with me, and have received all textbooks, handbooks, rules and course schedules from Tolles Technical Center, Public Safety Program.

Further, I understand that ***it is my responsibility*** to be familiar with the policies and procedures of the Technical Center. I agree to abide by the rules, policies and procedures set forth in the student manual and am aware of disciplinary action that may be taken for my failure to follow the rules, policies and procedures.

I further acknowledge my responsibility for completing all class assignments both written and practical as they become due.

STUDENT NAME (PRINTED) STUDENT SIGNATURE DATE

PARENT NAME (PRINTED) PARENT SIGNATURE DATE

TOLLES CAREER & TECHNICAL CENTER
Public Safety Programs

HEPATITIS B VACCINE CONSENT FORM

Students need to realize that Hepatitis B shots are given in a series of three injections over a 7 month period. **It is highly recommended that you have started the series before beginning clinical ride time with the EMT or Firefighter Course.**

Consent: I have read the provided information about the Hepatitis B virus vaccine and have had an opportunity to ask questions. I understand that in my work as a community healthcare provider I may be at increased risk of contracting Hepatitis B virus and that vaccination has been recommended to prevent my becoming infected or ill. I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. Therefore, I elect the following option:

- I hereby certify that I have read this information and **I have received the complete three dose series of the Hepatitis B vaccine.** Date of completion of the Hepatitis B vaccination series:

_____/_____/_____

Name of Physician: _____ Phone #: _____

- I hereby certify that I have read this information and **I have elected NOT to receive the Hepatitis B vaccine.**

- I hereby certify that I have read this information and **I have elected to receive the Hepatitis B vaccine and/or I am in the process of receiving the complete three dose series of the Hepatitis B vaccine.**

STUDENT NAME (PRINTED)

STUDENT SIGNATURE

DATE

PARENT NAME (PRINTED)

PARENT SIGNATURE

DATE

TOLLES CAREER & TECHNICAL CENTER
Public Safety Programs

TRANSPORTATION AUTHORIZATION AND RELEASE FROM LIABILITY FORM

Name of Student:

Grade:

Program:

Name of Parent(s)/Guardian(s) ("Releasor"):

Address:

Parent Contact Numbers: (Home)

(Work)

(Cell)

[initial] I hereby authorize my above-named child to participate in the [list name and purpose of school-sponsored activity]. During this student activity, I authorize my child to leave school.

I also authorize my child to [initial all that apply]:

- _____ Drive his/her/my vehicle to the above-named school-sponsored activity.
- _____ Transport other students in his/her/my vehicle to the above-named school-sponsored activity.
- _____ Ride in another student's vehicle to the above-named school-sponsored activity.

The right to leave school property for a school-sponsored activity is a privilege and may be suspended or revoked if a student violates any Board of Education policies, provisions of the Student Code of Conduct, or State or local laws, including traffic rules and regulations, while s/he is on school property or off school property. All provisions of the Student Code of Conduct and Board of Education policies shall be in effect while the student is off school property and participating in the school-sponsored activity, and the student is expected to comply with all such rules and regulations. Violations of such rules and/or regulations may result in appropriate disciplinary action.

The student's use of motor vehicles to travel to and from a school-sponsored activity is a privilege and involves an assumption of liability on the part of the student and his/her parents, and a responsibility in the care of property, the observation of safety rules, and the display of courtesy and consideration toward others.

In consideration of the permission granted to my child to participate in certain education activities, which may consist, in whole or part, of traveling to and being in a different environment and the surrounding site, the receipt of which permission is hereby acknowledged, Releasor, for himself/herself and his/her personal representatives, heirs, next of kin, executors, administrator and assigns, hereby forever releases, waives, discharges and covenants not to sue the Board and/or its officers, agents, employees and members (hereinafter referred to as "Releasee") for any and all actions, causes of action, damages, claims, demands or other liabilities, either in law or in equity, arising from or by reason of any bodily or personal injuries known or unknown, including death and/or any property or equipment damage known or unknown which may occur to my child as a result of or in connection with my child's participation in said activities, whether caused by the ordinary negligence of the Releasee or otherwise. Releasor also agrees as part of such consideration, to indemnify, defend and hold harmless Releasee and its officers, agents, employees and members ("indemnitees") with respect to any and all of the above actions, causes of action, damages, claims, demands or other liabilities asserted by

Releasor's student against the indemnitees or any of the indemnitees.

A student authorized to drive his/her private vehicle or drive other students off school property for a school-sponsored activity shall be solely liable for any injury, death or loss to persons or property related to or caused by his/her driving and his/her insurance shall be the primary insurance in any accident.

If a student is authorized to ride in another student's car off school property for a school-sponsored activity, the student driver shall be solely liable for any injury, death or loss to person or property related to or caused by his/her driving and the student driver's insurance shall be the primary insurance in any accident.

If my child has been given permission to drive his/her private vehicle for a school-sponsored activity, I represent that the vehicle to be driven is mechanically sound, my child has a valid driver's license and my child is covered by motor vehicle insurance.*

In the event that my child may require emergency medical treatment while participating in the above activity, I hereby authorize my child to receive all emergency medical treatment as may be necessary, under the existing circumstances.

By signing below, we affirm that we have read and understand this entire document and agree to the statements, terms, and conditions set forth herein.

Additionally, our signatures below indicate that if we had any questions concerning this school-sponsored activity and/or this document, we have asked them of the appropriate person and our questions have been fully addressed/resolved. Finally, we acknowledge having had an opportunity to review this document with a representative of our choosing.

_____ RELEASOR Parent/Guardian Signature	_____ Date
_____ Student Signature	_____ Date
_____ Supervisor Signature	_____ Date
_____ Principal Signature	_____ Date
_____ Superintendent Signature	_____ Date

*** Students must provide a copy of proof of insurance and a valid driver's license BEFORE approval to drive may be granted.**