

Special and Evening Admission/ Registration Contract Form

Personal Information *(please print clearly)*

Social Security Number *(Required)*

Last Name Other Last Names Used (i.e. Maiden Name) First Name Middle Name

Mailing Address

City State Zip Code

()

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Phone *(Check all that apply)* This is my: ☐ Home ☐ Cell

Phone *(Check all that apply)* This is my: ☐ Home ☐ Cell

I give my permission for Hocking College to contact me through text messages. ☐ Yes ☐ No

Applicant E-Mail

Birthdate

Gender: ☐ Male ☐ Female

()

Emergency Contact Name

Phone

Citizenship

I am a U.S. Citizen: ☐ Yes ☐ No If no, do you have a permanent visa? ☐ Yes ☐ No

State of Legal Residency *(Required)*

Residency Status *(Mark one)*

- ☐ I am an Ohio resident and HAVE lived in Ohio the last 12 consecutive months
- ☐ I am an Ohio resident but HAVE NOT lived in Ohio the last 12 consecutive months
- ☐ I am NOT an Ohio resident and have not lived in Ohio the last 12 consecutive months
- ☐ I am NOT an Ohio resident but have lived in Ohio the last 12 consecutive months

Ethnicity and Race *(This information is voluntary and is used for statistical purposes only.)*

Do you consider yourself to be Hispanic/Latino ☐ Yes ☐ No

In addition, select one or more of the following racial categories to describe yourself:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White

Main reason for enrolling at Hocking College: *(Mark one)*

- ☐ To obtain an associate degree for the job market
- ☐ To obtain an associate degree for transfer
- ☐ To obtain a certificate
- ☐ To transfer before completing a degree or certificate
- ☐ To train for a new career by taking only selected courses
- ☐ To upgrade skills for current job by taking only selected courses
- ☐ To obtain knowledge for personal interest

Military Service

Have you served honorably as a member of the armed services on active duty, in the Reserves or National Guard for a period of at least 180 days? ☐ Yes ☐ No

Are you the dependent of a service member? ☐ Yes ☐ No

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Educational Background

High School Completion or Equivalent *(Mark one)*

- ☐ I have graduated or will graduate from high school.
☐ I have graduated or will graduate from a homeschool program.
☐ I did not/will not graduate from high school but have satisfactorily completed the General Education Development (GED) test.
☐ Not applicable/none

High Schools/Secondary Schools Attended

Name of High School You Graduated or Will Graduate From City State

Graduation Year/Anticipated Graduation Year/Year of GED Completion

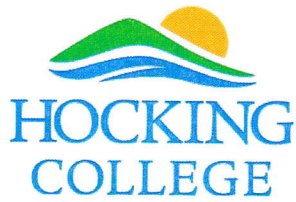
Name of Vocational School or Career Center Attended, if Applicable City State

Term Year

Course Number			Course Name	Credit Hours

By signing and submitting this form to the Registrar's Office/Perry Campus /Logan Campus or any remote registration sites, I understand and assume full responsible for my academic choices regarding my program of study as well as full financial responsibility if not covered by other authorized parties. I acknowledge that I will abide by Hocking College's policies on, including but not limited to, tuition payment deadlines and fee refund percentages for drop/withdrawals as stated on the Hocking College website. I am responsible for all the charges on my account if the withdrawal process is not followed.

Student Signature Date



Hocking College Special Registration Payment Information

_____ Please check and complete below if the student is self-pay

Student: _____

Address: _____

Phone: _____

Email: _____

_____ Please check and complete below if student fee paid for by agency

Please list information for school to send invoicing statement

Student: _____

Agency: _____

Address: _____

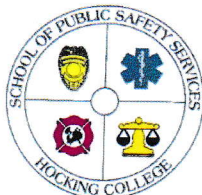
Phone: _____

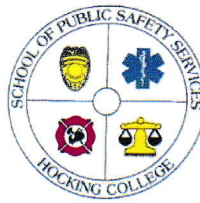
Chief/Supervisor: _____

Agency BWC Policy #: _____

Agency Tax ID #: _____

_____ Please check if State Fire Marshal Fire I Grant





Course Fire Behavior & Response

Expanded area of Training to assist the 36 Hr. Firefighter expected to Function Safely In these Hazardous Environments

Date of Course: _____ **Time:** _____

In compliance with the recommendations of the Divisions of Emergency Medical Services (Fire/EMS) and the Ohio Society of Fire Services Instructors, (OSFSI) Recommendations shall continue training, the **FIRE CHIEF, or Authority Having Jurisdiction**, must provide training in the expanded areas if the firefighter is expected to function safely in these environments. The **FIRE CHIEF** acknowledges that he/she will provide expanded training in the areas of structural and/or uncontrolled fires, ICS, HAZ-MAT awareness and auto accidents that may place the firefighters in the Immediate Danger of Life and Health (IDLH) and apparatus operations.

Phase One: The below listed Firefighter has completed and successfully passed the Ohio PSS 36 HR. Volunteer Firefighter Course.

Phase Two: Complete this Course: Fire Behavior & Response.

Phase Three: In-House Training & Ohio Fire Academy & Regional Fire School.

<u>No:</u>	<u>NFPA Standards Courses</u>	<u>NFPA Standards 36 Hr. Ohio Completed:</u>	<u>Expanded areas approved by Fire Chief:</u>
1.	Safety	(5.3.2) (5.3.3)	
2.	Fire Behavior	(5.3.10) (5.3.11)	
3.	Portable Extinguishers	(5.3.16)	
4.	Personal Protection Equipment	(5.1.2) (5.3.1)	
5.	Ladders	(5.3.6)	
6.	Fire Hose, Appliances & Stream	(5.5.2) (5.5.10)	
7.	Overhaul	(5.3.13)	
8.	Water Supply	(5.5.15)	
9.	Ventilation	(5.5.11)(5.3.12)	
10.	Forcible Entry	(5.5.4)	
11.	16 Life Safety Initiatives		(Phase Two) (2)
12.	Advanced Fire Hose & Applications		(6.1.1) (Phase Two)(8)
13.	Fire Control		(6.1.1) (Phase Two)(8)
14.	Practical Fire Evolutions and Response (Live Fire Training)		(6.1.1) (Phase Two)(8)
15.	ICS 100 & 700		Completed:
	I attest that the below listed Firefighter is	Proficient in these area/skills and is	Prepared to participate in PHASE 2 Live Fire Training
		Approved _____	Chief: _____
			Date: _____

Firefighter Name: (Please Print) _____ (Signature) _____

Further: I attest that the above stated firefighter is a member of the organization stated below as a result of Membership is covered by this organization's Worker's Compensation.

Fire Chief: (Print) _____ (Signature) _____

Department: _____ (Phone) _____

Address: _____

City: _____ State: _____ Zip: _____

VOLUNTEER FIREFIGHTER COURSE OBJECTIVES

THIRTY-SIX (36) HOUR CERTIFIED TRAINING COURSE FOR VOLUNTEER FIREFIGHTERS STATE OF OHIO - FIRE INSTRUCTOR'S DISCLAIMER

After successful completion of the thirty-six hour Ohio Volunteer Firefighter Course, students will be certified as a "Volunteer Firefighter" as recognized in the Ohio Revised Code. The certification will be renewed after three years, provided the Firefighter successfully completes the continuing education requirements. Recognizing that the State of Ohio Certified Volunteer Firefighter Course does not meet the minimum requirements recognized by the National Fire Protection Association (NFPA) standards as a qualifying level of public safety responder for trained Firefighters, the Volunteer Firefighter certification is a stand-alone certificate for the State of Ohio. The Volunteer Firefighting course provide the basic elements upon which Firefighters can begin to build their training portfolio and assist in firefighting operations with their Fire Departments.

The Volunteer Firefighter Course limits hazardous exposures due to safety concerns as described in the Ohio Administrative Code. Therefore, the Volunteer Firefighter Course does not allow Certified Instructors to teach students in the type of hazardous environments to which their Fire Departments will be exposed. These activities include but are not limited to hot zone operation as structural or uncontrolled fires, auto accidents hazardous materials situations considered to be "Immediately Dangerous to Life and Health" (IDLH), and apparatus operation, the training for which is not provided in the Volunteer Firefighter Course. These limitation being such as they are, the Fire Chief, or the authority having jurisdiction, must provide for training in these expanded areas if the Firefighter is expected to function safely in these environments. The Fire Chief acknowledges that he or she shall assume all the risk and liability for deviating from any of the state and / or nationally recognized standards for firefighting.

The Division of Emergency Medical Services (EMS) and the Ohio Society of Fire Service Instructors (OSFSI) recommend that all Certified State of Ohio Volunteer Firefighters should continue training to attain the NFPA Level 1 Firefighter qualifications.

STUDENT NAME – PRINT		STUDENT NAME – SIGNATURE		DATE
FIRE CHIEF SIGNATURE	DATE	FIRE DEPARTMENT		

REQUISITES:

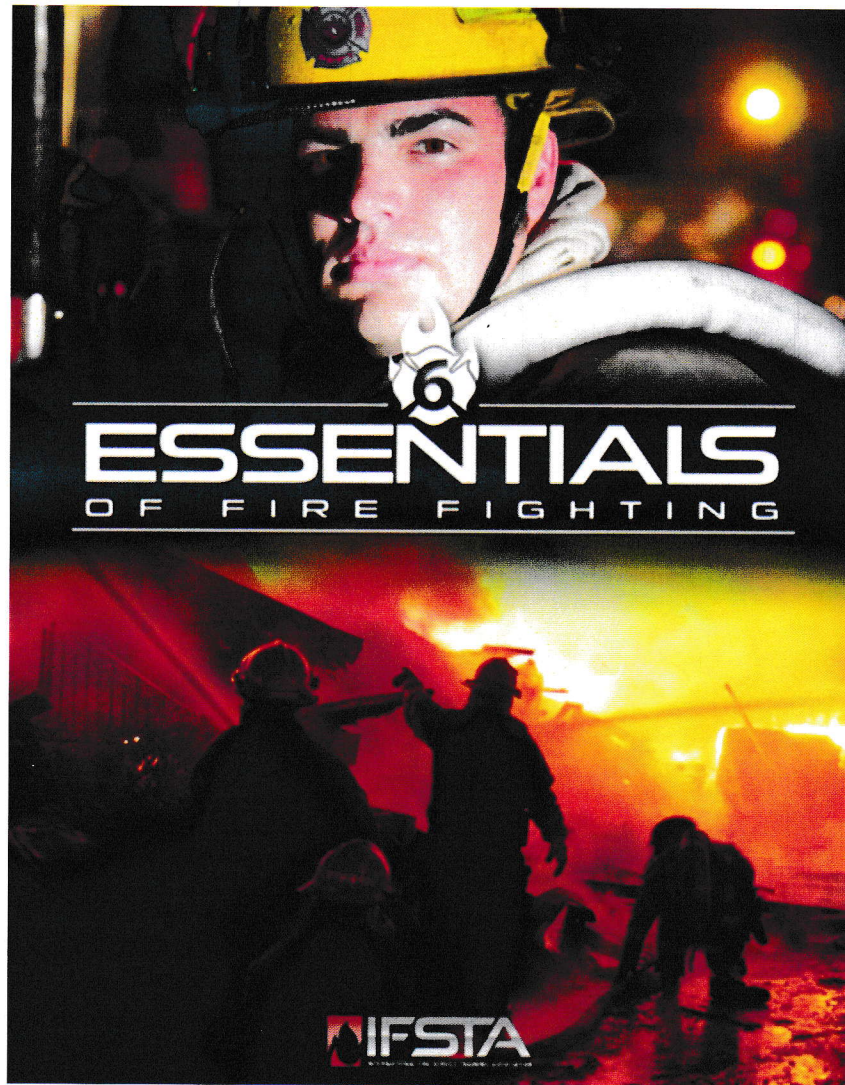
A:) Individual is at least 18 years of age, except that a fire service training program may admit a student who is seventeen year old provided that the student has graduated or is enrolled in the twelfth or final grade in the secondary school program. OAC #4765-11-03(A)17.

B:) Individual has not been convicted of a felony or misdemeanor other than a minor misdemeanor traffic violation.

C:) Individual must submit proof of completion of a current medical examination prior to the first class session.

D:) Full complement of turn out gear "Trousers, Coat, Hood, Boots, Gloves, and Helmet"

E:) Completion of NIMS 100, and 700 prior to the class. Must be turned in with packet.



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(866) 887—6688 | www.TurnoutRental.com | info@TurnoutRental.com

TURNOUT GEAR RENTAL INFORMATION

Hocking College Fire & Emergency Services

TurnoutRental is pleased to offer complete turnout gear rental ensemble to students enrolled in the Hocking College Fire and Emergency Services Program.

The ensemble includes all of the structural firefighting equipment you'll need for your training.

ABOUT OUR TURNOUT ENSEMBLES

Our standard rental turnout gear ensemble consists of the following:

- Bunker coat and pants with suspenders
- Fire helmet with face shield
- Rubber fire boots
- New fire gloves
- New Nomex hood
- Gear bag

If you already have a helmet and/or boots, the ordering process will permit you to delete these items from the rental package and your price will be adjusted accordingly.

We use only premium gear, including Globe, Morning Pride, Janesville, Thorogood, Ranger, Shelby and Bullard. All of our gear meets NFPA 1971 (Standard on Protective Ensembles for Structural Firefighting) and is maintained to NFPA 1851 (Standard on Selection, Care and Maintenance of Protective Ensembles).

Order with confidence and join the dozens of academies, hundreds of departments and thousands of students throughout the country who have trusted us for over 10 years to meet their short-term turnout gear needs.

Turnout gear is sized differently than street clothing. Please [print](#) and carefully follow the measuring instructions when ordering.

All gear is compliant with NFPA 1971 and NFPA 1851

Order securely online at www.TurnoutRental.com. Use the school code HOCKING to receive a 10% discount off the gear rental and a 50% discount off the refundable security deposit. To order over the phone, call us at (866) 887-6688.

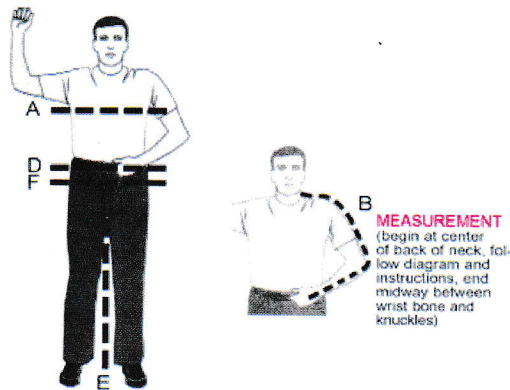
Orders should be placed as early as possible to ensure availability.



TURNOUT RENTAL

(866) 887 6688 | www.TurnoutRental.com | info@TurnoutRental.com

Measuring Instructions



Height: _____

Weight: _____

IMPORTANT: Turnout Gear sizes differ from street clothes. Extra care in measuring is needed to assure accurate fit. PLEASE USE ACTUAL MEASUREMENTS AS INDICATED BELOW.

- Do not take your own measurements.
- Stand straight but relaxed, feet about 12" apart.
- Wear identical clothing and accessories that will be worn under turnout gear.
- Use a high quality non-stretch tape, holding it straight and snug so that it lies smooth without indenting the body. Be sure you start with low end of numbers.

A. Chest – Take and hold a deep breath; measure under arms and around fullest part of chest (bust). Chest: _____

B. Sleeve – Bend elbow and hook thumb under belt buckle, and, beginning at center of back of neck, measure across top of shoulders, around point of elbow to midpoint from wrist bone to knuckles. Sleeve: _____

D. Waist – Measure loosely over belt. Be sure tools (knives, belt buckles, beepers, etc.) are taken into consideration when applicable. Waist: _____

E. Inseam – Wearing normal station wear, measure from crotch inner seam to ankle bone. Inseam: _____

F. Hips (Women Only) – Measure around fullest part of hips. Hips: _____

G. Gloves – Refer to sizing chart. Gloves: _____

H. Boots – Sized to fit like street shoes. Boots: _____

GLOVES		
	Measurement	Size
	7"	XS
	7.5"	S
	8"	M
	8.5" - 9"	L
	9.5" - 10"	XL