



Hancock County Fire Academy

2025 Registration Form

Personal Information

NAME (Last, First, MI)

SOCIAL SECURITY # BIRTHDATE* (If under 18, Release Form required)

HOME ADDRESS (Street, PO Box)

CITY STATE ZIP

PHONE (HOME) PHONE (MOBILE)

EMAIL ADDRESS

Sponsoring Organization

SPONSORING ORGANIZATION

NAME/TITLE - HEAD OF THE SPONSORING AGENCY

STREET ADDRESS, PO BOX

CITY STATE ZIP

SO PHONE# SO E-MAIL or FAX

SIGNATURE - HEAD OF THE SPONSORING AGENCY (REQUIRED)

_____ Date _____

NOTE: A copy of the applicant's Respirator Fit Test and Medical Fit-for-Duty Certification forms are required for registration.

2025 Dates of Training

- 12/6/2024 Friday evening- Expectations- How to Prepare for Academy
- | | |
|--------------------|--|
| 1/4/2025 Saturday | 3/22/2025 Saturday |
| 1/5/2025 Sunday | 3/23/2025 Sunday |
| 1/18/2025 Saturday | 4/5/2025 Saturday |
| 1/19/2025 Sunday | 4/6/2025 Sunday |
| 2/1/2025 Saturday | 4/19/2025 Saturday |
| 2/2/2025 Sunday | 4/20/2025 Sunday |
| 2/8/2025 Saturday | 5/3/2025 Saturday |
| 2/9/2025 Sunday | 5/4/2025 Sunday |
| 2/22/2025 Saturday | 5/16/2025 Friday evening (Tentative)- Written Exam |
| 2/23/2025 Sunday | 5/17/2025 Saturday (Tentative)- Practical Exam |
| 3/8/2025 Saturday | 5/18/2025 Sunday (Tentative)- Graduation |
| 3/9/2025 Sunday | |

Summary of Required Forms

- This 2025 Registration form
- Fire Chief's Permission to Participate form
- Alcohol and Drug Policy form
- Minor Release form (if applicable)
- Medical Fit-for-Duty Certification form
- Respirator Fit Test form
- Payment of Registration fees

Submission deadline is 11/15/2024 by 5pm

Cadets will be notified of acceptance by 11/18/2024
Note: Dates are subject to change based on available resources and personnel. Training sessions will normally occur at the Ellsworth Training Site, unless otherwise specified by the Lead Instructor.

Course Registration- Firefighter I & II Academy

Select One	Payment Method	Total enclosed
In-County participant \$500	Check	
Out-of-County participant \$1,700	Purchase Order	\$_____

T-shirt Size

Small	X-Large
Medium	2X-Large
Large	3X-Large

Fees are MANDATORY; Refunds or partial refunds will only be given to the Sponsoring Organization on a case-by-case basis upon approval from the HCFA Lead Instructor (depending on circumstances). Checks can be made payable to *Hancock County Fire Fighters Association* and can be brought in person to the Orientation meeting or mailed to the address below. If paying by purchase order, then full payment must be received prior to Weekend 1.

Mailing Address: Hancock County Fire Fighters Association P.O. Box 154, Ellsworth, ME 04605

Please review the registration form to make certain it is complete, including the signature of the Sponsoring Organization. Incomplete forms cannot be processed. Completed and signed registration forms should be scanned and sent via email (along with the required Respirator Fit Test and Medical Fit-for-Duty Certification forms) to Lead Instructor Karen Murray at hcfalead@gmail.com and Deputy Lead Rachel Malcolm at hancockcountyfireacademy@gmail.com.



Hancock County Fire Academy

Fire Department Individual Affiliated Candidate Fire Chief's Permission to Participate Form

The following listed member of the _____ Fire Department is authorized to participate in the 2025 Hancock County Fire Academy to be conducted by the Hancock County Fire Fighters Association.

Name of member: _____.

(THIS SECTION MUST BE FILLED OUT BY THE CHIEF OF THE DEPARTMENT)

Name of Department _____

- YES NO 1. The above named member is covered by the department's Worker's compensation.
- YES NO 2. The above named member is not presently drawing Worker's compensation benefits.
- YES NO 3. The above named member is medically and physically fit and aware of the physical demands.
- YES NO 4. The above named member has met the Maine State Respiratory Standard 1910.134 for SCBA use.

NOTE: Any NO checked box above may disqualify the member from fully participating in the Academy and may not allow for certification.

- YES NO 5. I agree to support the Academy on training days with apparatus, equipment, supplies, manpower, etc. as needed and when requested.

Signature of Chief: _____ Date: _____

Printed Name of Chief: _____

Candidate's Authorization of Release of Information

I, (Print Full Name) _____ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts will cause denial or forfeiture of my certifications.

Also, by signing this form, I hereby authorize the release of any or all information concerning my enrollment status for the courses requesting certification and certification exam results only to the Chief Officer, Program Coordinator or his designee of my organization.

A photo-static copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian if under 18: _____



Alcohol and Drugs Policy

The use or possession of alcoholic beverages or illicit drugs (State or Federal) anywhere on Fire Training Academy grounds is strictly prohibited.

1. Participation in any Fire Training Academy function while under the influence of, or with any measurable Blood Alcohol Content (BAC) of an alcoholic beverage or illicit drug, is prohibited. No one will report for any training function or any activity on Academy grounds with alcohol on their breath or under the influence of drugs that may impact the ability to train.
 - a) The consumption of alcohol in public establishments is forbidden while wearing any distinctive portion of the Fire Training Academy (Logo) apparel or the uniform/apparel of any agency while participating in or assigned to Academy classes.
 - b) Any student suspected of being under the influence of alcohol or drugs will be immediately removed from participation. The Fire Chief (or their designee) of the sponsoring department will immediately be contacted. If a student suspected of using drugs or alcohol elects to leave the training area, the student will be considered absent. Determination of if the students returns to participation that day will be decided by the Lead Instructor, or designee, and the Academy Oversight Committee in consultation with the students Fire Chief, or designee. Refunds will not be provided for students unable to participate in a Fire Training Academy function due to the influence of alcohol or drugs.
 - c) If a student is asked to leave the training grounds for suspicion of being under the influence of alcohol or drugs, the Lead Instructor, the student, and the students Fire Chief, or designee, will attempt to make arrangements for transportation for the student.
 - d) Law Enforcement will be notified if any student operating a motor vehicle leaves the training site while under suspicion of being under the influence of alcohol or drugs operating a motor vehicle.

All students will sign a copy of this policy and it will be kept on file with the Academy Administrator.

Student Name

Date

Student Signature



Hancock County Fire Academy

Minor Release Form

I, _____, hereby certify that I am the legal parent and/or guardian of _____, a child under the age of eighteen and over the age of sixteen, who is a firefighter with the _____ Fire Department. I hereby give my permission for _____ to participate in the Hancock County Fire Academy. By signing below, I acknowledge that fire service training is potentially hazardous and that _____, of whom I am the legal parent and/or guardian, may be injured during this training. I hereby release the Lead Instructor, Hancock County Fire Academy, and any other agency providing the training from liability.

Parent or Guardian Signature

Date

Chief of the Sponsoring Organization Signature

NOTE: This form must be completed before the first regularly scheduled class session. If this form is not signed, the Instructor will have no alternative but to dismiss the participant from the Academy.

PRE-ENROLLMENT MEDICAL CONDITIONS

The pre-enrollment medical/fitness standards for Ellsworth Fire Department have been adopted from the National Fire Protection Association (NFPA). The ultimate criterion is that the entry-level firefighter must execute duties and assignments in a manner which is safe to themselves and others, with expediency and accuracy.

Pre-enrollment medical standards provided in the National Fire Protection Association Standard 1582 (section 4) specifies Fire Department responsibilities to establish an occupational medical program for their candidates and members. Medical testing shall be provided by an officially designated, licensed health care professional (LHCP), who is acting as the department physician. The LHCP, using NFPA Chapter 6 medical evaluation standards, shall determine if a recruit can perform the following 13 identified Essential Job Tasks and Descriptions of a Firefighter through a medical evaluation.

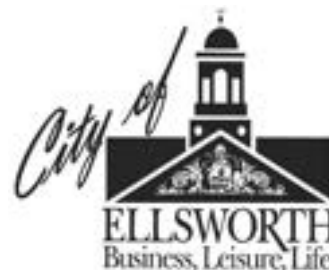
NFPA 1582, CHAPTER 5, SECTION 5.1 – ESSENTIAL JOB TASKS AND DESCRIPTIONS

1. Performing fire-fighting tasks (e.g. hose line 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.
2. Wearing an SCBA which includes a demand valve-type positive-pressure face piece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads.
3. 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.
4. Depending on the local jurisdiction, 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 kb).
5. Wearing 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).
6. 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.
7. Advancing water-filled hose lines up to 2½ 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.
8. Climbing ladders, operating from heights, walking or crawling in the dark along narrow or uneven surfaces, and operating in proximity to electrical power lines and/or other hazards.
9. 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.
10. Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens.
11. Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces that is further aggravated by fatigue flashing lights, sirens, and other distractions.
12. 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 hose lines and/or fixed protection systems (sprinklers).
13. 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.

This information is provided as a general guideline. A complete copy of the NFPA 1582 standard can be viewed or purchased directly at www.nfpa.org.



Ellsworth Fire Department
Fire Chief Scott Guillerault
City Hall Plaza ♦ Ellsworth, ME 04605-1942
Phone (207) 667-8666 ♦ Fax (207) 667-4902
www.ellsworthmaine.gov
sguillerault@ellsworthmaine.gov



Ellsworth Fire Department
MEDICAL RELEASE FORM

I understand I will participate and be trained to perform in the 13 Essential Jobs Tasks and Descriptions identified in NFPA 1582, as a firefighter and will perform in all types of weather, in protective equipment, and placed under physically demanding and live fire conditions.

Firefighter Name

Firefighter Signature

Date

Fire Chief Name

Fire Chief Signature

Date

PHYSICIAN SIGNATURE REQUIRED

I find the employee listed above to be suited for firefighting activities and training based on OSHA 1910.156, OSHA 1910.134, OSHA 1910.120 regulations, and NFPA 1582 guidelines to perform the 13 essential job tasks. The medical evaluation provided met the intent of the NFPA 1582 chapter 6 standard.

Physician Name

Physician Signature

Date

Address



Work Health - Ellsworth

32 Resort Way

Ellsworth, ME 04605

RESPIRATOR MEDICAL CLEARANCE

Name:

Date of Birth:

Company:

Department:

The assessment of medical clearance for respirator use is as follows:

Respirator use: medically approved for use of the **checked** respirator type(s)

- SCBA (Self-Contained Breathing Apparatus) (Highest level)
- Full-Face Respirator
- Half-Face Respirator
- N-100 Particulate Respirator
- N-95 Particulate Respirator (e.g. TB mask)
- PAPR (Powered Air Purifying Respirator) (Lowest Level)
- Other: _____

UNSATISFACTORY: This individual is not cleared to wear the requested respirator.

- Unable to reach individual to get more information
- If the individual wishes to pursue medical clearance for respirator use, please contact WorkHealth to schedule a respirator clearance examination with a provider.

Comments: _____

The employee/employer has been given a copy of this written evaluation.

Provider Name (Printed):

Provider Signature:

Date:

