



## **INDUSTRIAL EMERGENCY COUNCIL**

**EMERGENCY RESPONSE TRAINING**

Industrial Emergency Council (IEC), a non-profit organization, coordinates and manages a vocational education program that utilizes state funds to reimburse fire agencies for training completed by on-duty personnel. This program is known as the In-Service Training Program. There are three groups involved in the In-Service Training Program, and each serves a specific purpose in order to meet all legal requirements related to the disbursement of state apportionment funds for vocational education.

The first group is the state community college system. All apportionment funds are disbursed through the community college system. Requirements related to the enrollment of students, certification of instructors, updating of curriculum, documentation of hours of instruction and units earned are the responsibility of the community colleges. Community colleges that participate provide instruction outside of their district boundaries, must also receive permission from the community college in whose district the instruction is presented. This requirement provides the means for a community college to have the first right to provide instruction, while at the same time allowing another community colleges to provide instruction if they give up that right. The In-Service Training Program managed by IEC utilizes multiple California Community Colleges as our partner.

The second group is the Instructional Service Provider. Industrial Emergency Council fills this important role by serving as a program manager for the college and an administrator for the fire agency. IEC has a contractual relationship known as an Instructional Service Agreement with the community college and a contract with each fire agency. The In-Service Program Coordinator at IEC serves as a subject matter expert for the college during curriculum review, audits fire agency training records submitted to the college and serves as an administrator for the program.

The third entity involved in the program is the fire agency. Each fire agency must have an Instructor of Record that has been approved by the college who is responsible for the training records that are submitted. Generally, the fire agency has a Chief Officer or Company Officer that meets this need. Fire agencies enroll their personnel at the college in the In-Service Program. At the end of each semester the training records for these personnel are submitted to IEC. Training hours are categorized as "Lecture" hours for classroom training and as "Lab" hours for hands-on or manipulative training.

The hours of training translate to units of college credits under a formula approved by the community college system and in place for all courses taught at the college. IEC, as the Instructional Service Provider, bills the college at a per hour rate for all approved hours of training. The current rate is \$5.00/hour. The college in turn bills IEC for units earned at a current rate of \$46/unit. The difference in the amounts earned by the hours and the units is then divided between the fire agency and IEC.

## **HEALTH SCREENING QUESTIONNAIRE (HSQ)**

### ***Assess your health needs by marking all true statements.***

The purpose is to identify individuals who may be at risk in taking the Work Capacity Test (WCT) and recommend an exercise program and/or medical examination prior to taking the WCT.

Employees are required to answer the following questions. The questions were designed, in consultation with occupational health physicians, to identify individuals who may be at risk when taking a WCT. The HSQ is not a medical examination. Any medical concerns you have that place you or your health at risk should be reviewed with your personal physician prior to participating in the WCT.

Check 'Yes' or 'No' in response to the following questions:

- Y N 1) During the past 12 months have you at any time (during physical activity or while resting) experienced pain, discomfort or pressure in your chest.
- Y N 2) During the past 12 months have you experienced difficulty breathing or shortness of breath, dizziness, fainting, or blackout?
- Y N 3) Do you have a blood pressure with systolic (top #) greater than 140 or diastolic (bottom #) greater than 90?
- Y N 4) Have you ever been diagnosed or treated for any heart disease, heart murmur, chest pain (angina), palpitations (irregular beat), or heart attack?
- Y N 5) Have you ever had heart surgery, angioplasty, or a pace maker, valve replacement, or heart transplant?
- Y N 6) Do you have a resting pulse greater than 100 beats per minute?
- Y N 7) Do you have any arthritis, back trouble, hip /knee/joint /pain, or any other bone or joint condition that could be aggravated or made worse by the Work Capacity Test?
- Y N 8) Do you have personal experience or doctor's advice of any other medical or physical reason that would prohibit you from taking the Work Capacity Test?
- Y N 9) Has your personal physician recommended against taking the Work Capacity Test because of asthma, diabetes, epilepsy or elevated cholesterol or a hernia?

Regardless whether you are taking the Work Capacity test at the Arduous, Moderate or Light duty level, a "Yes" answer requires a determination from your personal physician stating that you are able to participate.

I understand that if I need to be evaluated, it will be based on the fitness requirements of the position(s) for which I am qualified.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

#### **Privacy Statement**

The information obtained in the completion of this form is used to help determine whether an individual being considered for wildland firefighting can carry out those duties in a manner that will not place the candidate unduly at risk due to inadequate physical fitness and health. Its collection and use are covered under Privacy Act System of Records OPM/Govt-10 and are consistent with the provisions of 5 USC 552a (Privacy Act of 1974).

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OFF CAMPUS ADMISSIONS APPLICATION

FALL (Aug-Dec)  SPRING (Jan-Jun)  SUMMER (Jun-Jul)



ID# \_\_\_\_\_

NOVEMBER 2014 VERSION

PLEASE ANSWER ALL QUESTIONS AND PRINT CLEARLY. Incomplete applications cannot be processed. (Non-Discrimination Policy: Pursuant to appropriate California Education Code(s) the district shall not deny any person registration or enrollment because of race, religion, age, national origin, ancestry, handicap, or any other categories, as defined or required by law.)

1. LEGAL NAME \_\_\_\_\_  
LAST FIRST MIDDLE

2. PREVIOUS NAMES \_\_\_\_\_ 3. BIRTH DATE: \_\_\_\_\_ 4. GENDER  MALE  FEMALE

5. DAYTIME TELEPHONE (\_\_\_\_\_) \_\_\_\_\_  
Area Number

6. LEGAL PERMANENT ADDRESS \_\_\_\_\_  
Street # or PO Box City State Zip

7. ETHNIC BACKGROUND: a) Are you Hispanic or Latino? Yes  No   
b) What is your race/ethnicity? (Check one or more below.)

- American Indian/Alaskan Native
- Asian Indian
- Asian Other
- Black or African America
- Cambodian
- Central American
- Chinese
- Filipino
- Guamanian
- Hawaiian
- Hispanic Other
- Japanese
- Korean
- Laotian
- Mexican, Mexican-American, Chicano
- Pacific Islander Other
- Samoan
- South American
- Vietnamese
- White

8. CITIZENSHIP: (Select one)  (1) I am a U.S. Citizen

*If not a U.S. citizen indicate the type of visa and **SUBMIT DOCUMENTATION TO THE REGISTRAR'S OFFICE.***

- (2) Permanent Resident
- (3) Temporary Resident/Amnesty
- (4) Refugee/Asylee
- (5) Student F-1 Visa
- (6) Other: \_\_\_\_\_

**RESIDENCY:** To be considered a resident a student must have lived in California with the intent of becoming a permanent resident for at least one year prior to the first day of classes for the term.

9. HAVE YOU LIVED IN CALIFORNIA FOR THE LAST TWO YEARS?  Yes  No **(If you answered NO there is no need to continue with application)**

10. WHEN DID YOUR STAY IN CALIFORNIA BEGIN? \_\_\_\_\_ Month/Day/Year

11. PREVIOUS ADDRESS: \_\_\_\_\_  
Street/PO Box City State Zip Code

- Yes  No Registered to vote in a state other than CA?; If yes, when? \_\_\_\_\_
- Yes  No Petitioned for divorce in a state other than CA?; If yes, when? \_\_\_\_\_
- Yes  No Attended an out-of-state educational institution as a resident of that state? If yes, when? \_\_\_\_\_
- Yes  No Declared non-residence for California state income tax purposes? If yes, when? \_\_\_\_\_

(Note: Student under 19 years of age must answer questions above for their parents)

**12. MILITARY AFFILIATION (To be completed by active military persons, dependents, or veterans discharged within the last year)**

Are you an active member of the military?  Yes  No  
When did your tour of duty begin in California? \_\_\_\_\_

Are you a dependents of an active military person?  Yes  No  
What is your state of legal residence on military records? \_\_\_\_\_

**ACTIVE DUTY MILITARY PERSONS AND/OR DEPENDENTS MUST** provide a statement from the Commanding officer that assignment to California is not for educational purposes including the date of assignment to California. **DEPENDENTS** must also provide a letter stating that they are a dependent of a military person.

**13. MAJOR:**  Administration/Criminal Justice  Emergency Medical Technology  Fire Control Technology  Haz-Mat Specialist

**14. EDUCATIONAL STATUS: (Select one)**

- 0. Not a graduate/Not enrolled in high school
- 1. Currently enrolled in grades K – 12
- 2. Currently enrolled in Adult School
- 3. Received High School Diploma (Year completed \_\_\_\_\_)
- 4. Received GED or CA Equivalency (Year completed \_\_\_\_\_)
- 5. High School Proficiency Certificate (Year completed \_\_\_\_\_)
- 6. Foreign High School Graduate (Year complete \_\_\_\_\_)
- 7. Associate Degree (Year completed \_\_\_\_\_)
- 8. Bachelor Degree or higher (Year completed \_\_\_\_\_)

**15. LAST HIGH SCHOOL ATTENDED:**

\_\_\_\_\_  
Name of High School City State Country

**16. LAST COLLEGE ATTENDED:**

\_\_\_\_\_  
Name of College City State Country

**17. EDUCATIONAL GOAL:**  (H) Advance in current job/career (update job skills).  (1) Maintain certificate or license

**18. ENROLLMENT STATUS: (Select one)**

- First time college student (1)
- Transferring from another college (2)
- Returning – Did not attend last semester (3)
- Continuing – Enrolled last semester (5)
- Special Admin Student – Enrolled in K-10 (6)
- High School Student – Enrolled in 11<sup>th</sup> of 12<sup>th</sup> grade (7)

**19. ECONOMIC DISADVANTAGE: (Check any that apply.)**

- AFCD  SSI  General Assistance  Other
- Low Income  Displaced Homemaker  Single Parent

**20. VOCATIONAL MIGRANT WORKER STATUS:**

Are you a migrant worker or child of a migrant worker? Yes  No

**21. PLEASE INDICATE YOUR PARENTS HIGHEST LEVEL OF EDUCATION COMPLETED:**

**Father**  
Jr. High/Middle School   
High School   
College Associate Degree   
College Bachelor Degree or beyond   
Unknown

**Mother**  
Jr. High/Middle School   
High School   
College Associate Degree   
College Bachelor Degree or beyond   
Unknown

**22. DIRECTORY INFORMATION RELEASE**

May your name, address, phone number, class schedule, dates of attendance, and degrees earned to be released without your written consent?  
 Yes  No If release of information is not permitted, this includes but is not limited to; scholastic achievement honors and awards. (See website for additional information [www/paloverde.edu](http://www.paloverde.edu))

**23. AB1504**

Opt out of \$2 representation fee?  Yes

I certify under penalty of PERJURY that to the best of my knowledge all of the above statements are correct and complete. I also understand that willful omission or falsification of information or failure to report changes in residence may result in my dismissal from Palo Verde College and the loss of units earned as a result of such omission of falsification.

\_\_\_\_\_  
STUDENT SIGNATURE DATE: \_\_\_\_\_

\_\_\_\_\_  
PARENT SIGNATURE (if under 19 years of age) DATE: \_\_\_\_\_







**INDUSTRIAL EMERGENCY COUNCIL**  
EMERGENCY RESPONSE TRAINING

**In-Service Training Program Agreement  
between  
The Industrial Emergency Council  
and  
DRAFT Fire Department/Protection District**

This agreement between the Industrial Emergency Council (IEC) and the Department/District (Department) for the In-Service Training Program with a designated California Community College will start with the Spring 2021 semester and shall remain in effect until either party, at their discretion terminates the agreement. The parties to this agreement agree to the following:

1. Total employee In-Service Training hours will be on a semester or quarter basis.
2. Department will be responsible for registering each potential student with the college (one time) for the purpose of creating a unique Student User ID NUMBER.
3. Department will identify one member of Department to be the Instructor of Record and complete all Contract Worker Instructor application forms and requirements for the designated California Community College.
4. Department will provide IEC with the complete name, college ID number, and total lab and lecture hours of training for each student/employee at the end of each corresponding semester or quarter.
5. Department will maintain all employee training records.
6. This program is offered to members of your organization only.
7. Students/employees in Cal-JAC are not permitted to participate.
8. Students/employees taking classes from other training organizations off duty/off-site do not fall under the scope and intent of the In-Service Training Program.
9. Students/employees must be California residents.
10. Each student/employee must have a minimum of five (5) hours rounded to the nearest .25 hours during each semester to qualify in both areas lecture and lab.
11. IEC will share net college apportionment revenues with the Department at a 50/50 percent split. This revenue is based on the current Instructional Services Agreement between IEC and the designated California Community College, which is \$5.00/hour of instruction (paid by the designated community college to IEC), minus \$46/unit of college credit or the current rate (paid by IEC to the designated California Community College).

\_\_\_\_\_  
IEC Representative

\_\_\_\_\_  
Department/District Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date