



## Application and Registration Procedures

1. New students will need to apply to College of the Mainland <https://www.com.edu/admissions/apply>
2. Students applying for financial aid should first complete the FAFSA <https://www.com.edu/financial-aid/what-is-fafsa.html> then visit the Financial Aid website <https://www.com.edu/financial-aid> for more information on available grants, scholarships or other funding that you may qualify for. Honorably discharged military veterans may also contact the Veterans Center <https://www.com.edu/veternas/index/html> **Note: There are filing deadlines for these applications, therefore you are advised to start as early as possible.**
3. Complete and return the Fire Academy application to an Administrative Assistant at the Public Service Careers (PSC) building located at 1205 Amburn Rd., Texas City, Tx 77591. Along with the application, you will need to bring the following required documents:
  - Valid Driver's License (*original*)
  - Social Security Card (*original*)
  - High School Diploma/GED or College Transcripts (*original*)
  - Physical Examination with Proof of Meningitis and Tdap vaccinations (*must be completed on form found in this packet*)

❖ **Note:** Application should be turned in no later than the end of July for the Fall semester & prior to the Christmas break in December for the Spring semester
4. Orientation, interviews, and registration will be conducted at the PSC building two weeks prior to the beginning of the Academy. **Orientation dates will be listed in the Announcement section of the Fire Technology web site.** <https://www.com.edu/academics/fire-technology/announcements.html>
5. After orientation, an Administrative Assistant with PSC will send a group registration form to Admissions on behalf of those applicants that have been accepted into the Academy. Once Admissions has entered your courses, you will then pay your tuition and fees.

For additional information, contact the Director of Fire Technology, Gary Staudt at 409-933-8934, [gstaudt@com.edu](mailto:gstaudt@com.edu) or the PSC Administrative Assistants Michele Brown at 409-933-8285, [mlbrown@com.edu](mailto:mlbrown@com.edu); and Nichole Montrose at 409-933-8233 [nmontrose@com.edu](mailto:nmontrose@com.edu).



Check the Academy you are applying for:

Year: 20\_\_

☐ Day Academy ☐ Night Academy

Semester: ☐ Fall ☐ Spring

**Applicant Information:** (Please print legibly)

Applicant Name: \_\_\_\_\_  
Last First Middle

Address: (incl. apt. number) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone: (\_\_\_\_) \_\_\_\_\_ Alternate phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ COM Student ID: \_\_\_\_\_

COM Email Address: \_\_\_\_\_@com.edu

Date Contacted

Comments

1.

2.

**Required Documentation**

\_\_\_\_\_ Fire Academy Application

\_\_\_\_\_ Verification of a Valid Driver's License

\_\_\_\_\_ Verification of Social Security Card

\_\_\_\_\_ Verification of High School Diploma/GED or College Transcript

\_\_\_\_\_ Physical Examination with Proof of Meningitis and Tdap Vaccinations

\_\_\_\_\_ Verification of Attendance to Fire Academy Orientation



Check the Academy you are applying for:

☐ Day Academy ☐ Night Academy

Year: 20\_\_

Semester: ☐ Fall ☐ Spring

**Applicant Name:** \_\_\_\_\_

Last

First

Middle

### Emergency Information

Primary Contact & Relation:	Primary Phone:	Alternate Phone:
Secondary Contact & Relation:	Primary Phone:	Alternate Phone:

### Education Background (Highest level Completed)

☐ GED ☐ High School ☐ College

Name of School/College	Date Graduated/Years Completed
------------------------	--------------------------------

### Technical Training

Name	Date Graduated	Certification
------	----------------	---------------

### Military Service

Branch	Service Dates	Specialty	Discharge Type
--------	---------------	-----------	----------------

### Employment Background (Latest Employment)

Employer/Location	Dates of Employment
Duties	Salary

**Additional Information:**

Do you have any experience as a firefighter trainee or career or volunteer firefighter? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain.)
Firefighter training requires strenuous physical activities. Are you able to perform such activities? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain)
Firefighter training requires entering environments of intense heat and limited visibility. Are you able to do so? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain)
Firefighter training requires entering confined spaces. Are you able to do so? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain)
Firefighter training requires climbing ladders up to 100' length. Are you able to do so? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain)
<b>Rules and Regulations:</b> The Fire Academy is conducted in a manner similar to typical fire department training academies, i.e., as a paramilitary organization. Do you agree to comply with all rules and regulations of the Academy and directives issued by instructors and the Director? <input type="checkbox"/> Yes Initial _____
<b>Medical Treatment:</b> During firefighter training, injuries may occur. You are financially responsible for the cost of medical treatment that may be needed during the Academy. Do you understand your responsibility regarding medical treatment? <input type="checkbox"/> Yes Initial _____
<b>Recognized Emergency Medical Course:</b> To be eligible for Basic Fire Suppression Certification, the TCFP requires completion a recognized emergency medical course, TCFP Standards Manual, Rule §423.1(c). <b>Note:</b> The Texas Department of State Health Services performs criminal background checks, which could deny certification. It is your responsibility to resolve any criminal background matters with TDSHS directly. Do you understand your responsibility regarding medical certification requirements and criminal background checks? <input type="checkbox"/> Yes Initial _____
<b>Criminal Background Check:</b> The Texas Commission on Fire Protection performs criminal background checks on all applicants, which could deny certification. It is your responsibility to review the TCFP's Standards Manual, Chapter 403, Criminal Conviction and Eligibility for Certification and resolve criminal background matters with the TCFP directly. Do you understand your responsibility regarding criminal matters? <input type="checkbox"/> Yes Initial _____

**APPLICANT'S STATEMENT:** I certify that the above answers are true and complete.

Applicant's Printed Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this completed application with the required documents to the Administrative Assistants at the Public Service Careers building across from the main campus on Amburn Rd.

For additional information, contact the Director of Fire Technology, Gary Staudt at 409-933-8934, [gstaudt@com.edu](mailto:gstaudt@com.edu) or the PSC Administrative Assistants Michele Brown at 409-933-8285, [mlbrown@com.edu](mailto:mlbrown@com.edu); and Nichole Montrose at 409-933-8233 [nmontrose@com.edu](mailto:nmontrose@com.edu)



### Fire Academy/EMS Physical Form

*College of the Mainland Fire Academy and EMS programs requires a physical examination by a licensed physician/health care provider to ensure the student's ability to safely complete the programs.*

**STUDENT:** Complete following *prior* to visiting the doctor. **Please PRINT clearly.**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

In case of emergency, please notify: \_\_\_\_\_  
Last First (Relationship) (Phone number)

Please check if you have had any of the following:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Lung disease	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Persistent cough	<input type="checkbox"/>	<input type="checkbox"/>	Fear of closed spaces
<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Panic attacks/Anxiety
<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Vision problems
<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Glasses/contacts
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal chest X-Ray	<input type="checkbox"/>	<input type="checkbox"/>	Heat exhaustion/ heat stroke
<input type="checkbox"/>	<input type="checkbox"/>	Recent cold, flu, bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever smoked?	<input type="checkbox"/>	<input type="checkbox"/>	Hearing aid
<input type="checkbox"/>	<input type="checkbox"/>	Do you currently smoke?	<input type="checkbox"/>	<input type="checkbox"/>	Take any medications
<input type="checkbox"/>	<input type="checkbox"/>	Fainting or seizures	<input type="checkbox"/>	<input type="checkbox"/>	Joint problems
<input type="checkbox"/>	<input type="checkbox"/>	Neurological problems	<input type="checkbox"/>	<input type="checkbox"/>	Heat-related issues
<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>		Any other condition which may impact program performance.
<input type="checkbox"/>	<input type="checkbox"/>	Surgery of any type			

Please explain any "Yes" answers:

Do you have any Allergies (food, medication, environmental)? Please describe your reaction. Do you carry an EpiPen?

*I hereby attest that the medical information supplied includes all medical conditions that would affect my participation in the EMS or Fire Academy. I authorize the release of current medical information on my medical history or current condition to clinical affiliates. In case of emergency, I authorize release of same information to relevant medical professionals.*

*If false information is given, or if significant medical information is withheld, I understand I will be dismissed from the program.*

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Provider:** Please evaluate the student's ability to meet the following standards:

Yes    No    N/A

☐                      **Sufficient Eyesight:** observe patients, read records, manipulate equipment. Function in dim light, drive in hazy conditions. Wear protective eyewear.

☐            ☐                      **Sufficient Hearing:** to hear blood pressures and function in high-noise environments.

☐                      **Sufficient speaking, reading, writing skills:** to communicate in English effectively and promptly.

☐                      **Sufficient gross and fine motor coordination:** to manipulate equipment, stoop, bend, crawl, reach, twist, balance, grapple, bend and lift under emergency conditions.

☐                      **Satisfactory physical strength and endurance:** to move immobile patients, lift/carry/ balance 125 lbs. while walking, stand in place for long periods of time, complete clinical rotation of 12 to 24 hours. Tolerate environmental extremes (heat/cold/wet/poor ventilation/noise/ vibrations).

☐                      **Satisfactory psychological function:** ensure safety (self, patient, partners), function in confined space, work at height, maintain self-control in emotionally charged situations.

☐                      **Can this student medically tolerate various types of respirators?** Examples include simple N95 to avoid infectious exposure and various hazmat/firefighting masks. Examples of these include air-purifying respirators, supplied-air respirators, and self-contained breathing apparatus.

\* ☐            ☐            ☐                      **\*FIRE ACADEMY candidates only** (mark N/A if student does not plan to attend Fire Academy-now or within the year): perform while wearing protective clothing/gear, approximately 65 lbs., climb stairs with equipment weighing approximately 50 lbs., lift and climb/descend ladders (with victims up to 200 lbs.).

Remarks/Abnormal Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*After careful physical examination, it is my opinion that this student has no current or past medical issues which will prevent him/her from **safely completing** indicated program(s).*

**Please indicate:**

☐    **EMS Program**

☐    **Fire Academy** (see special section, above)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

☐ Physician (MD/DO)

☐ Physician Assistant

☐ Nurse Practitioner

**Medical Provider:** Please evaluate the student's ability to meet the following standards:

Yes    No    N/A

☐    **Sufficient Eyesight:** observe patients, read records, manipulate equipment. Function in dim light, drive in hazy conditions. Wear protective eyewear.

☐    ☐    **Sufficient Hearing:** to hear blood pressures and function in high-noise environments.

☐    **Sufficient speaking, reading, writing skills:** to communicate in English effectively and promptly.

☐    **Sufficient gross and fine motor coordination:** to manipulate equipment, stoop, bend, crawl, reach, twist, balance, grapple, bend and lift under emergency conditions.

☐    **Satisfactory physical strength and endurance:** to move immobile patients, lift/carry/ balance 125 lbs. while walking, stand in place for long periods of time, complete clinical rotation of 12 to 24 hours. Tolerate environmental extremes (heat/cold/wet/poor ventilation/noise/ vibrations).

☐    **Satisfactory psychological function:** ensure safety (self, patient, partners), function in confined space, work at height, maintain self-control in emotionally charged situations.

☐    **Can this student medically tolerate various types of respirators?** Examples include simple N95 to avoid infectious exposure and various hazmat/firefighting masks. Examples of these include air-purifying respirators, supplied-air respirators, and self-contained breathing apparatus.

\* ☐    ☐    ☐    **\*FIRE ACADEMY candidates only** (mark N/A if student does not plan to attend Fire Academy-now or within the year): perform while wearing protective clothing/gear, approximately 65 lbs., climb stairs with equipment weighing approximately 50 lbs., lift and climb/descend ladders (with victims up to 200 lbs.).

Remarks/Abnormal Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*After careful physical examination, it is my opinion that this student has no current or past medical issues which will prevent him/her from **safely completing** indicated program(s).*

**Please indicate:**

☐    **EMS Program**

☐    **Fire Academy** (see special section, above)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

☐    Physician (MD/DO)

☐    Physician Assistant

☐    Nurse Practitioner

**Student:** If you will be attending an EMT-B class (now or any time in the future), all the immunizations listed below are required. If you have your immunization records (childhood, military, etc.) you may supply those, or your medical provider may verify them with signatures below. **This form is meant to assist you and your medical provider in determining which immunizations/tests you will require. When signed by a physician or nurse, it serves as proof of immunizations.**

**Medical Professional:** Please use the space below to verify past or present inoculations/ history of illness. If you administer inoculations, titers, or other medical tests as indicated, please supply the information here.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Printed Provider Name & Licensure Level: \_\_\_\_\_

REQUIRED For Clinical Rotations  
(EMT-B, EMT-I, and EMT-P)

		Date Administered (or Date of Disease)	If Titer, Results	Initials (Medical Professional)
MMR	Inoculation 1			
	Inoculation 2			
	OR Titer			
Varicella (Chicken Pox)	Inoculation			
	OR History of dz/Titer			
Tdap	Tetanus/ Diphtheria/ Pertussis Booster within 10 years			
Hep B	Inoculation 1			
	Inoculation 2			
	Inoculation 3			
	OR Titer			
Meningitis	Inoculation			
	OR N/A (see college regs)			
TB Test	Skin Test			
	OR Chest X-Ray			
Flu Vaccine	During Flu Season Only			
Hepatitis C	Antibody Titer/ Hep C			

**STUDENTS: Be sure to keep a copy of this form for your personal records. COM will not provide you with a copy in the future.**



### **WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

1. In consideration for participating in College of the Mainland Fire Academy and other valuable consideration, I \_\_\_\_\_ hereby **RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** College of the Mainland, its Board of Trustees, its officers, servants, agents, and employees (hereinafter referred to as **(RELEASEES)**) from any and all liability, claims, demands actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.**
2. To the best of my knowledge, I can fully participate in this activity. I am fully aware of risks and hazards connected with the activity, including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in said activity, and to enter the above-named premises and engage in such activity knowing that the activity may be hazardous to me and my property. I **VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH,** that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, **WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.**
3. I further hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES** from any loss, liability, damage or costs, including court costs and attorney's fees, that may occur due to my participation in said activity, **WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.**
4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, shall be deemed as **RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE** the above named **RELEASEES.** I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of Texas.
5. I **UNDERSTAND THAT THE COLLEGE WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH AN INJURY I MAY SUSTAIN.**
6. I further agree to become familiar with the rules and regulations of the College concerning student conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of said activity and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.
7. I also understand that I should and am urged by the College of the Mainland to obtain adequate health and accident insurance to cover any personal injury to myself which may be sustained during the activity or the transportation to and from said activity.
8. I **ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR ANY DAMAGES TO THE FACILITIES.**

**IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representation, statements or inducements, apart from foregoing written agreement have been made; I am at least eighteen (18) years of age and fully competent; and I execute the Release for full, adequate and complete consideration fully intended to be bound by same.**



IN WITNESS WHEREOF, I have hereunto set my hand on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent (if participant is under 18 years of age or dependent  
on parents' insurance and taxes for period of event.

### MEDICAL TREATMENT PERMISSION FORM

I, \_\_\_\_\_, hereby give my permission, consent and authorization  
for any medical treatment deemed necessary by a hospital or physician. I appoint the event coordinator  
and/or director my lawful agent with power to authorize and consent to the administration of medical  
treatment during the aforementioned event.

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Health Carrier: \_\_\_\_\_ Policy No: \_\_\_\_\_

Other Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all allergies, restrictions or health exemptions:

\_\_\_\_\_

\_\_\_\_\_  
**This form should be properly signed and turned in at the time of registration. In case of such an accident  
or illness, I give permission for medical treatment to be given to me as deemed appropriate. I will assume  
responsibility for any medical treatment as deemed appropriate. I will assume responsibility for any  
medical bills on my behalf.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent (if Participant is under 18 years of age or  
dependent on parents' insurance and insurance and  
taxes for the period of the event)