

Connecticut Fire Academy Recruit Firefighter Program



Application Packet

STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
CONNECTICUT FIRE ACADEMY
34 PERIMETER ROAD, WINDSOR LOCKS, CT 06096-1069
860-627-6363 877-5CT-FIRE
www.ct.gov/

Revised 07/26/2013



For Office use only <input type="checkbox"/> Registrar <input type="checkbox"/> Program Manager <input type="checkbox"/> Coordinator <input type="checkbox"/> Application Complete

Recruit Application

Data Privacy Warning

The legible information provided by you on this form will be solely and exclusively for providing you and like applicants with services. Your social security number is classified as private data. It is used to track your student records for programs that you have participated in with the Connecticut Fire Academy. The only consequence of not providing all of the information on this form is that the service may be delayed, restricted, or withheld. Further, personal data retrieval will be delayed.

Please print or type information requested below

Student I.D. # _____ - _____ Male Female
 Your I.D. consists of the FIRST (3) Letters of your LAST Name and the LAST (4) Numbers of your Social Security Number.

Last Name: _____ First Name: _____ M.I.: _____

Home Address: _____

City / Town: _____ State: _____ Zip: _____

If Different from Home Address

Mailing Address: _____

City / Town: _____ State: _____ Zip: _____

Phone No's: Home: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____

Email Address: _____@_____.

Fire Department / Organization: _____, _____
Fire Department Name City/Town

As Chief of the _____ Fire Department I hereby authorize the above applicant to participate in the Connecticut Fire Academy's Recruit Firefighter Program and therefore, understand that the above-named individual will be covered by Workers Compensation Insurance while participating in such training, and that the Department of Emergency Services and Public Protection, its commissioners, officers, agents or employees shall not be liable for any injuries sustained during such training.

I also confirm that the applicant is an employee of the Fire Department or affiliated as a member or volunteer of the Fire Department for a minimum of 6 months and has documented proof of meeting the department's Medical and Physical Fitness requirement, and is emotionally fit to perform firefighting evolutions without special considerations, and where applicable, to meet the 29 CFR 1910.134 standard for the use of respirators (Self Contained Breathing Apparatus). The applicant is also at least 18 years of age, has a high school diploma or GED, and has the general capacity for adult learning.

Chiefs Name: _____ Chief's Signature: _____

Course Title: **Recruit Firefighter** Course Number: _____ Date(s): ___ / ___ / ___ to ___ / ___ / ___

Tuition: \$5775.00

[] Payment by Check (Make check payable to CFPC / Course Number)

[] Payment by City / Town / FD Purchase Order # _____

Billing City / Town / FD Name: _____

Card Holder's Signature: _____ Exp. Date: ___ / ___ / ___
 Please Mail or Fax Application with Payment / Information at least one week prior to Program Start Date to:

Connecticut Fire Academy
34 Perimeter Road
Windsor Locks, Connecticut 06069-1069
Tel.: (860) 627-6363 Fax: (860) 654-1889



Last Name: _____ First Initial: _____ M.I.: _____

Recruit No. _____
(Office Only)

Healthcare Provider Information

To Be Completed by Fire Department Staff

In the event of a medical emergency requiring advance level of care, the Connecticut Fire Academy uses the Bradley International Airport Fire Department Paramedics for R-5 coverage and either the Suffield or East Granby Ambulance as the R-2 provider.

For “routine” medical emergencies or evaluations, the Suffield Medical Associates Walk-In Clinic is normally used, there is a CVS Pharmacy conveniently located in the adjacent plaza to the Suffield Medical Associates for prescriptions etc.

Please Check with your “Risk Management” officer or Worker’s Compensation provider if this not their desired provider for this location of the state.

If required, please provide the information for the nearest provider to the Connecticut Fire Academy. If possible we will make every attempt to see your recruit(s) use the listed provider if needed.

Provider Name: _____

Address: _____

Phone: (____) _____ - _____ ext.: _____ Fax (____) _____ - _____



Fire Department Contact Information

To Be Completed by Fire Department Staff

Chief's Office: Fire Chiefs Name: _____
 Phone (____) ____ - ____ ext.: ____ Fax (____) ____ - ____
 Email: _____ Cell (____) ____ - ____
 Mailing Address: _____
 City / Town: _____ Zip: _____

Training Officer: Rank: _____ Name: _____
 or Designee Phone (____) ____ - ____ ext.: ____ Fax (____) ____ - ____
 Email: _____ Cell (____) ____ - ____

IMPORTANT REQUEST

Who will be the "Primary" Point of Contact (POC) for the department during the Recruit Training Program? There are routine circumstances where many chiefs do not want to be bothered with what might be considered trivial issues, however we have experienced with past classes, issues of a serious nature need immediate attention and no one in Command likes Surprises !!!

Primary F.D. POC Name: _____
 Phone (____) ____ - ____ ext.: ____ Fax (____) ____ - ____
 Email: _____ Cell (____) ____ - ____

In the event contact needs to be made after regulator business hours, please provide contact information. (ex.: Shift Commander, Training Officer, Chief(s), Dispatch)

After Hours Contact: Name: _____ Phone (____) ____ - ____
 Name: _____ Phone (____) ____ - ____



Last Name: _____ First Initial: _____ M.I.: _____

Recruit No. _____
(Office Only)

Fire, Live Fire, and Flashover Survival Training

To Be Completed by Fire Department Staff

As the Chief of the _____ Fire Department, I hereby authorize the above applicant to participate in Fire Training, Live Fire and Flashover Simulator Training and experience, and therefore understand that the above mentioned member will be covered by my department's worker's compensation insurance while participating in such training, and the Commission on Fire Prevention and Control, its commissioners, officers agents or employees shall not be held liable for any injuries sustained during such training. The applicant is considered by my department's standards to be physically and emotionally fit to perform firefighting evolutions without special consideration, and where applicable, to meet CFR 1910.134, regulation for the use of respirators.

I further understand that the Commission on Fire Prevention and Control, its commissioners, officers agents or employees shall not be held liable for damage to the above mentioned member's protective clothing and equipment while participating in Fire Training, Live Fire and Flashover Simulator training.

I understand that during Recruit and Live Fire Training, and while properly wearing prescribed Structural Firefighting Personal Protective and other clothing, there is the risk of personal injury not limited to abrasion, contusion, laceration, thermal and/or steam burn(s).

Signature: _____
(Chief of Department)

Date

Chief's Name: _____
Please Print

Recruit Signature: _____



Last Name: _____ First Initial: _____ M.I.: _____

Recruit No. _____
(Office Only)

Authorization for Release of Grades

To Be Completed by Recruit

I, _____, a Recruit Firefighter at the Connecticut Fire Academy, give permission to Recruit Firefighter Program Coordinators of the Recruit Firefighter Program to release all Quiz Scores, Homework Grades and Test Scores that are part of my Recruit Progress reports and my final Certification Test Scores, to my Fire Department's Fire Chief and/or designee.

Signature: _____
(Recruit Applicant) Date _____



Emergency Medical Training

To Be Completed by Recruit

The recruit applicant is required to have current Emergency Medical Training or attend the Recruit Firefighter Program's scheduled American Heart Association BLS for Healthcare Provider CPR/AED and Heartsavers First Aid classes during the program. Recruit applicants with expiring CPR/AED or First Aid cards will be offered those scheduled classes as a refresher/recertification. A copy of EMS Training Cards, Certification or License is required on first day.

EMS Training: EMT/P EMT/I EMT EMR other _____

Name as Appears on Card: _____ Exp. Date: ___/___/___

CPR/AED issued from: _____ Exp. Date: ___/___/___

- NO EMS Training; the recruit does not have proof of current EMS related training or completion of Basic First Aid course.
- Expired/ Expiring EMS Training; the recruit has an expired or expiring Basic First Aid and/or CPR/AED course certificate.



Last Name: _____ First Initial: _____ M.I.: _____

Recruit No. _____
(Office Only)

Clothing Issue

To Be Completed by Recruit

A standard Recruit Uniform is required to worn by the recruit when they are attending Classes, Skill Sessions or Connecticut Fire Academy endorsed events. The recruit is required to wear their Fire Departments standard daily work wear (FD Class B Work Shirt, Navy Trousers, Black or Navy Socks and Black Shoes or Work Boots) for the first class, Graduation and Special Events.

Each recruit will be issued the following to be worn when required during the program:

- Five (5) Red Recruit T-shirts
- Two (2) Red Recruit Sweat Shirts
- Two (2) pair of Grey PT Shorts
- One (1) pair of Sweat Pants

The Red Recruit items will be collected at the end of the program.

Please circle the size of the items below:

T-Shirt Size Small Medium Large X-Large XX-Large

Sweat Shirt Size Small Medium Large X-Large XX-Large

Sweat Pants Size Small Medium Large X-Large XX-Large

Shorts Size Small Medium Large X-Large XX-Large



Program Review

To Be Completed by Fire Department Staff and Recruit

The Recruit applicant and a Fire Department designee have reviewed the following information with the recruit applicant prior to attending the Recruit Firefighter Program.

- Recruit Rules & Regulations
- Physical Fitness Training Overview

Signature: _____
(Recruit Applicant)

_____ Date

Signature: _____
Signature (Chief of Department or Designee)

_____ Date

Chief's Name: _____
Please Print



Last Name: _____ First Initial: _____ M.I.: _____

Recruit No. _____
(Office Only)

Recruit Personal Information

To Be Completed by Recruit

EDUCATION:

Please check the highest level completed

Attended High School College: 1 2 3 4 Graduate: 1 2 3 4

Please list any type of Degree(s) received along with the Major or Minor course of study

AS BS AA BA Master's Degree: _____

Minor Course of Study: _____

AS BS AA BA Degree: _____

Minor Course of Study: _____

MILITARY SERVICE:

Please check the appropriate box that indicates past or present active or reserve duty.

- | | |
|---|---|
| <input type="checkbox"/> United States Army | <input type="checkbox"/> United States Marine Corps |
| <input type="checkbox"/> United States Navy | <input type="checkbox"/> United States Coast Guard |
| <input type="checkbox"/> United State Air Force | Length of Service: _____ |

Military Specialty / Occupation: _____ Rank: _____

FIRE SERVICE BACKGROUND:

Please list any association, membership and / or employment with a Fire Department or Fire Service Agency or Organization.

Fire Dept. / Agency: _____ How Long? _____

City/Town: _____ State: _____

Fire Dept. / Agency: _____ How Long? _____

City/Town: _____ State: _____

Fire Dept. / Agency: _____ How Long? _____

City/Town: _____ State: _____

Please check the appropriate box indicating FIRE SERVICE certification levels that you have obtained and indicate any others not listed.

- | | |
|--|--|
| <input type="checkbox"/> Firefighter I | <input type="checkbox"/> Fire Service Instructor I |
| <input type="checkbox"/> Firefighter II | <input type="checkbox"/> Fire Service Instructor _____ |
| <input type="checkbox"/> Fire Officer I | <input type="checkbox"/> Pump Operator |
| <input type="checkbox"/> Fire Officer II | <input type="checkbox"/> Aerial Operator |
| <input type="checkbox"/> Safety Officer | <input type="checkbox"/> Hazmat Technician |
| <input type="checkbox"/> Fire Marshal | <input type="checkbox"/> Fire Inspector |
| <input type="checkbox"/> Other _____ | Other _____ |



Last Name: _____ First Initial: _____ M.I.: _____

Recruit No. _____
(Office Only)

Recruit Medical Information

To Be Completed by Recruit

Medications: All physician prescribed medications must be declared

List Medications (prescribed or over the counter) you are currently taking

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Yes No Have you had a physical in the past 12 months?

Yes No Does your physicians know that you are participating in an exercise program?

Please describe any physical activity that you do somewhat regularly: _____

Health History: Do you now or have you had in the past:

Yes No History of heart problems, chest pain, or stroke

Yes No Increased blood pressure

Yes No Any chronic illness or condition

Yes No Difficulty with exercise

Yes No Advice from a physician not to exercise

Yes No Recent surgery (within the past 12 months)

Yes No Pregnancy (now or within the past 3 months)

Yes No History of breathing or lung related problems

Yes No Muscle, joint, or back disorder, or any previous injury still affecting you

Yes No Diabetes or thyroid disorder

Yes No Smoke tobacco (within the last 12 months)

Yes No Obesity (greater than 20% over ideal body weight)

Yes No Been told you have high cholesterol levels

Yes No Hernia or any other condition that may be aggravated by lifting weights

Yes No History of heart or coronary artery disease or stroke in any members of your immediate family

Please explain any "yes" answers: _____

The Medical Information is strictly used for the Safety and Welfare of the Recruit.
Information provided will be destroyed at the conclusion of the Program.



Last Name: _____ First Initial: _____ M.I.: _____

Recruit No. _____
(Office Only)

Allergies

To Be Completed by Recruit

Allergies - Food: *Please list any known allergies to foods*

Symptoms:

If a food allergen has been ingested, but *no symptoms*:

- Mouth - Itching, tingling, or swelling of lips, tongue, and/or mouth:
- Skin - Hives, itchy rash, swelling of the face or extremities:
- Gut - Itching, tingling, or swelling of lips, tongue, and/or mouth:
- Throat ⊕ - Tightening of throat, hoarseness, hacking cough:
- Lung ⊕ - Shortness of breath, repetitive coughing, wheezing:
- Heart ⊕ - Weak or thread pulse, low blood pressure, fainting, pale, blueness:
- Other ⊕ - _____:

If reaction is progressing (several of the above areas affected), give:

⊕ - Potentially Life Threatening. The severity of symptoms can quickly change

Give Checked Medication

To be determined by Physician
Authorizing treatment

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

The recruit possesses and can administer his own treatment of Epinephrine Antihistamine

Allergies - Medication: *Please list any known allergies to medications*

Symptoms: _____

Allergies – Environment/Other: *Please list any known allergies to environment or other*

Symptoms: _____



Emergency Contact Information

To Be Completed by Recruit

Please list the names, addresses and phone numbers of three individuals (i.e. spouse, relatives) to be contacted in the event of a medical emergency or serious injury.

Emergency Contact: Name: _____ Relation: _____

Phone: (____) ____ - ____ Cell: (____) ____ - ____

Mailing Address: _____

City / Town: _____ Zip: _____

Name: _____ Relation: _____

Phone: (____) ____ - ____ Cell: (____) ____ - ____

Mailing Address: _____

City / Town: _____ Zip: _____

Physicians Contact: Name: _____

Phone: (____) ____ - ____ Fax: (____) ____ - ____

Practice Name: _____

City / Town: _____ Zip: _____



Medical Demographic Card

To Be Completed by Recruit

Please Complete all Four Cards

The Medical Information is strictly used for the Safety and Welfare of the Recruit. Information provided will be destroyed at the conclusion of the Program.

Recruit Medical Information

Recruit # _____ FD: _____ Date: _____
 Recruit Name: _____ Age: _____
 Date of Birth: ___ / ___ / ___ Height: ___' ___" Weight: _____ lbs.
 PMH: None: _____
 Allergies: None: _____
 Meds: N one: _____

 Contact Info: _____ Relation: _____
 (H) _____ (C) _____ (W) _____

Physical Training Copy

Recruit Medical Information

Recruit # _____ FD: _____ Date: _____
 Recruit Name: _____ Age: _____
 Date of Birth: ___ / ___ / ___ Height: ___' ___" Weight: _____ lbs.
 PMH: None: _____
 Allergies: None: _____
 Meds: N one: _____

 Contact Info: _____ Relation: _____
 (H) _____ (C) _____ (W) _____

Physical Training Office Copy

Recruit Medical Information

Recruit # _____ FD: _____ Date: _____
 Recruit Name: _____ Age: _____
 Date of Birth: ___ / ___ / ___ Height: ___' ___" Weight: _____ lbs.
 PMH: None: _____
 Allergies: None: _____
 Meds: N one: _____

 Contact Info: _____ Relation: _____
 (H) _____ (C) _____ (W) _____

Safety Officer Copy

Recruit Medical Information

Recruit # _____ FD: _____ Date: _____
 Recruit Name: _____ Age: _____
 Date of Birth: ___ / ___ / ___ Height: ___' ___" Weight: _____ lbs.
 PMH: None: _____
 Allergies: None: _____
 Meds: N one: _____

 Contact Info: _____ Relation: _____
 (H) _____ (C) _____ (W) _____

Duty Officer Copy



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Last Name: _____ First Initial: _____ M.I.: _____

Recruit No. _____
(Office Only)

The Physical Activity Readiness Questionnaire – PAR-Q

(Revised 2002)

PAR – Q & YOU

(A Questionnaire for People Aged 15 to 69)

To Be Completed by Recruit

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the **PAR-Q** will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

- Yes No 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- Yes No 2. Do you feel pain in your chest when you do physical activity?
- Yes No 3. In the past month, have you had chest pain when you were not doing physical activity?
- Yes No 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- Yes No 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
- Yes No 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- Yes No 7. Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions:

- ✓ Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the **PAR-Q** and which questions you answered YES.
- ✓ You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- ✓ Find out which community programs are safe and helpful for you.



Last Name: _____ First Initial: _____ M.I.: _____

Recruit No. _____
(Office Only)

If you answered **NO** honestly to all **PAR-Q** questions, you can be reasonably sure that you can:

- ✓ Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- ✓ Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- ✓ If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- ✓ If you are or may be pregnant – talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer **YES** to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

NOTE: If the **PAR-Q** is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME

SIGNATURE

DATE

WITNESS

DATE

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer **YES to any of the seven questions.**



Documentation Checklist

For use by **Training Officer and Recruit Applicant**

Documentations, Equipment and Item Check List needed for each recruit prior to the start of the Connecticut Fire Academy Recruit Firefighter Program.

Documentation (from the Fire Department)*:

Provided by the Fire Department and faxed or sent to CFA

NO LATER THAN 7 DAYS PRIOR TO THE START OF THE RECRUIT PROGRAM

- PAGE 1 – Recruit Application Form**
- PAGE 2 – Health Care Provider Form and Fire Department Contact Information Form**
- PAGE 3 – Department Contact Information Form**
- PAGE 4 – Fire, Live Fire, and Flashover Survival Participation Authorization Form**
- PAGE 5 – Authorization for Release of Grades Form**
- PAGE 6 – Emergency Medical Training**
- PAGE 7 – Clothing Issue Form and**
- PAGE 8 – Program Review Form**
- Fit Testing Information**
 - If Fire Department has completed Qualitative Fit Testing, then a copy of the Fit Testing report should be brought with the Recruit on the first day.
- Requests Recruit to be Fit Tested by CFA staff**

Documentation (from the Recruit)*:

Provided by Fire Department and submitted by the Recruit
ON THE FIRST DAY OF THE RECRUIT PROGRAM

- PAGE 9 – Recruit Personal Information Form**
- PAGE 10 – Recruit Medical Information Form**
- PAGE 11 – Allergies and Emergency**
- PAGE 12 – Contact Information**
- PAGE 13 – Medical Demographic Cards**
- PAGES 15 & 16 – Physical Activity Readiness Questionnaire PAR-Q**
- PAGE 17 – Fire Academy and Fire Department Mission Statements**
- Copy of Emergency Medical Training; Cards, Certification and/or License**

****For the timely and accurate processing of the Recruit Application, this information needs to be provided according to the strict timelines outlined. If there are extenuating circumstances requiring any deviation, a positive contact needs to be made with the Recruit Program Coordinators at 860-627-6363, or cfprecruit@ct.gov***

Copy this checklist for each recruit and complete required documentation and procure equipment prior to start of class. Copies of documentation maybe found by going to the CFA website (www.ct.gov/cfpc) / Training & Education / Recruit Application Package



Last Name: _____ First Initial: _____ M.I.: _____

Recruit No. _____
(Office Only)

Equipment Checklist

For use by **Training Officer and Recruit Applicant**

Documentations, Equipment and Item Check List needed for each recruit prior to the start of the Connecticut Fire Academy Recruit Firefighter Program.

Provided by Fire Department and Required by the Recruit ON THE FIRST DAY OF THE RECRUIT PROGRAM

Personal Protective Equipment:

Structural Firefighting Protective Clothing:

Structural Firefighting Protective Clothing must be NFPA-1971 Compliant.

SFFPC must be compliant to NFPA 1851 prior to conducting Live Fire Training. Used PPE is recommended; Outer Shell, Vapor and Thermal Barriers must not be compromised.

- Turnout Coat**
- Turnout Pants**
- Turnout Boots**
- Helmet**
- Hood**
- Gloves (2 Pair)**
- Self-Contained Breathing Apparatus**
- 3 – SCBA Air Cylinders**

SCBA must be ANSI and NFPA Compliant SCBA. Air Cylinders must have current hydrostatic testing.

Department Note The CFA recommends the purchase of cylinder protective sleeves to reduce wear on your equipment. One company we know of is: 3-dpolymers, 13026 South Normandie Avenue, Gardena, California 90249 Tel: 310-324-7694 Web: <http://www.3-dpolymers.com/protective-sleeves/>

Personal Safety Equipment:

- Safety Glasses**
- Work Gloves**
- 22'- 1" Tubular Webbing NFPA 1983 Compliant**

Academics:

- 6 Pencils**
- 2 Black Pens**
- 2 Highlighters**
- 3 Holed Punched Lined Paper**



**Personal Items provided by the Recruit and brought
ON THE FIRST DAY OF THE RECRUIT PROGRAM**

Physical Fitness Clothing:

- Gray Gym Shorts**
- Running/Exercise Shoes**
- Personal Bath Towel**
- Personal Bathing Suit** (Boxer Type and One-Piece Suits ONLY)

- Knee Pads** (optional)
- Gray Sweat Pants** (optional)
- Gray CFA Sweat Shirt** (optional)

Personal Items:

Personal Hygiene Items:

Example of items required:

Toothbrush w/toothpaste

Saving Kit: Electric Razor or Safety Razor w/shaving cream

Soap in a **Plastic Soap Dish**

Shampoo

Q-Tips

Chap stick

Deodorant

Comb or brush

Female Hygiene items (if required)

- Pillow** (optional)
- Bedding for Single Mattress Bed** (optional – Fitted Sheet and Top Sheet)
NO SLEEPING BAGS
- Personal Bath Towel and Facecloth** (optional)
- Padlock for gear locker**

Copy this checklist for each recruit and complete required documentation and procure equipment prior to start of class. Copies of documentation maybe found by going to the CFA website (www.ct.gov/cfpc) / Training & Education / Recruit Application Package



First Day of Class – Reporting Procedure

First Date of Class: Monday; August 26, 2013

Start Time: 0800, *Students should plan on arriving early*

Reporting In: Students report to the Cafeteria for Sign in.
If you enter from the rear parking lot, follow the sidewalk to a glass door in a breezeway between the two major structures.
Take a left up the ramp, Cafeteria is on the Left

Student Parking: Students Vehicles will be parked behind the Administration Building in the designated area, furthest from the building to allow more space for daily traffic parking.

Traffic Cones with signage will be displayed for First Day arrivals to assist with directions for parking.



STATE OF CONNECTICUT
COMMISSION ON FIRE PREVENTION AND CONTROL
CONNECTICUT FIRE ACADEMY



TEL: (860) 627-6363

34 PERIMETER RD. WINDSOR LOCKS, CONNECTICUT 06096-1096

Physical Training Program Overview

Our Physical Training (PT) program is designed for firefighters and incorporates a range and continuum of job performance activities. It is a highly disciplined atmosphere that will prepare the recruit for both their academy and fire service responsibilities. The program begins with a general overview, in a classroom orientation fashion, and includes information pertaining to physical fitness, job stresses, health issues, and sports injuries. That initial orientation will also describe the base-line testing, the schedule, and how the program advances during the entire recruit PT program. All recruits will then be physically and mentally trained in a number of ways throughout the program to approximate the knowledge, skills, and abilities required of firefighters in the modern fire service.

Class Schedule

Daily Focus Areas:

Mondays & Thursdays

Predominantly Strength and Endurance

Tuesdays & Fridays

Predominantly Cardio Respiratory

Wednesdays

Functional Training or Aquatic program

Field-Level Testing (which is covered over a two day period)

1st week, 7th or 8th week (the middle of the schedule), and the 14th week

Daily Requirements:

This is a highly structured, well-developed, and rigorous component of the Recruit Program that requires strong effort. PT classes are generally scheduled for 60 minutes. They begin at 0800 hours, except for the week of Night Fire Training. During the first three nights of that week, which is usually around week 8 or 9, PT classes will begin at 1500. Recruits will be notified in advance of any other changes to the schedule, changes in the start times, or adjustments to the length of the delivery of the material.

Recruits are required to be prepared *before* the start of each class. The training day will begin with a Personnel Accountability Report (PAR) and a readiness check. The PAR and Readiness Checks confirm that all recruits are accounted for, are clean shaven, have full water bottles, and have prepared and staged all needed equipment.

