



MIDDLETOWN TOWNSHIP FIRE DEPARTMENT  
TRAINING ACADEMY  
1 KINGS HIGHWAY  
MIDDLETOWN, NJ 07748  
732-615-3280  
WWW.MIDDLETOWNFIREACADEMY.COM



## FIREFIGHTER 1 COURSE REGISTRATION PACKAGE

### ELIGIBILITY:

- Recruits must be eighteen (18) years of age by course start date.
- Recruits must complete all requirements of the pre-course orientation.
- Recruits must be a member of a Fire Department/Agency with proof of liability insurance.
- Recruits and sponsoring Department/Agency must complete the Registration Package in its entirety.

### INSTRUCTIONS:

- Complete the package in its entirety.
- **TYPE** or **CLEARLY PRINT** all information.
- Include with this package a copy of the Recruit's driver's license or birth certificate.
- Packages must be submitted in person, via postal service or email. **DO NOT** fax this package.
- Packages must be submitted at least seven (7) days prior to the start date.
- Recruits are accepted on a first come – first serve basis only.
- All incomplete packages will be rejected.

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**PERSONAL AND DEPARTMENT INFORMATION**

First Name	M	Last Name	
Date of Birth	NJ DFS FFID#	NJ EMT#	Email
Phone (H)	Phone (M)	Phone (W)	
Street Address			
City	State	Zip Code	
Height	Weight	Shirt Size	Waist Size
Fire Company	Department/Agency		
Department Mailing Address			
Company/Department Contact Name	Contact Number	Contact Email	
Emergency Contact Name	Contact Number	Contact Email	
Class Number	Class Title		
Class Start Date	Application Date		
Please Contact Me Via (Check One):	<input type="checkbox"/> Email	<input type="checkbox"/> Home Phone	
	<input type="checkbox"/> Mobile Phone	<input type="checkbox"/> Work Phone	

**ACADEMY USE ONLY**

Date Received	Received By	Enrollment Confirmed
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**MEDICAL EVALUATION**

Firefighting is dangerous. To avoid injury, Firefighters must maintain their health, an above average level of physical fitness and flexibility. The Training Academy requires all Firefighter 1 Recruits to be medically evaluated prior to enrollment. This form must be completed by a Physician or other Licensed Health Care Professional (PLHCP).

**Firefighter Recruit**

\_\_\_\_\_  
First Name M Last Name

\_\_\_\_\_  
Course Number Course Start Date

**Physical Expectations**

The above named Firefighter Recruit will be attending a **physically demanding and intense training program** for the purpose of serving as a Firefighter in his or her community. Some of the activities the Recruit will participate in include but are not limited to:

- Wear approximately 50 pounds of personal protective equipment (PPE) including self-contained breathing apparatus, and perform various physically demanding tasks such as advancing hose lines, crawling in smoke while executing a search, and climbing ladders, for extended periods of time.
- Crawl on hands and knees for distances of several hundred feet in a smoke filled environment while wearing PPE.
- Perform fire suppression techniques while wearing PPE in environments that are Immediately Dangerous to Life and Health (IDLH), to include smoke and high heat.
- Operate from ladders at heights of 3 stories and transfer from the ladder into and out of windows and onto or off of roofs.
- Participate in physical fitness assessments (push-ups, sit-ups, jumping and running) throughout the duration of the Firefighter 1 Course.

**Physician Review**

I have carefully reviewed the information provided above. After performing a medical evaluation and consulting with the above name Firefighter Recruit, I declare the Recruit **medically** cleared for participation in the Firefighter 1 Course that begins on the date specified above.

\_\_\_\_\_  
Physician First Name (Print) Last Name

\_\_\_\_\_  
Signature Date

Please place office stamp/seal or hand write in contact information.

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**APPROVALS AND ACKNOWLEDGEMENTS**

**Firefighter Recruit**

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First Name M Last Name

**Sponsoring Agency Approval**

- The above named Firefighter Recruit is a member in good standing with the Fire Department/Company and has been approved to attend the Firefighter 1 Course.
- This Registration Package is complete, has been reviewed and approved for submission to the Training Academy.

**Workers Compensation and Liability Insurance**

- I attest that the above named Firefighter Recruit is covered by Workers Compensation and Liability insurance.

**Respiratory Protection Clearance**

In accordance with OSHA CFR 1910.134, all personnel must complete an OSHA Respirator Medical Evaluation Questionnaire. Non Middletown recruits must complete and submit this form to your Department Physician for review prior to enrollment. If your department has already assisted you in completing this step, a Department/Company Officer must acknowledge so below. Middletown recruits will complete this form during orientation and it will be submitted to the Department Respiratory Protection Program Coordinator.

- The above named Firefighter Recruit has completed an OSHA Respirator Medical Evaluation Questionnaire and the questionnaire has been reviewed by a Physician and that said Recruit has been approved to wear an SCBA.

The Training Academy provides fit testing for all recruits who are issued Scott Health and Safety face pieces. The Training Academy has the ability to fit test for the Scott AV-2000 and AV-3000 face pieces and Draeger SCBA face pieces. If you are issued any other type of face piece by your Department, you must provide a current Fit Test Report.

**Documentation Checklist** (Attached to Registration Package)

- Copy of Driver's License or birth certificate
- Copy of current fit test report (If applicable)

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**SIGNATURE APPROVAL OF DEPARTMENT/COMPANY OFFICER**

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Officer Name (Print)

Title

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Officer Signature

Date

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**Firefighter Recruit Acknowledgement**

- Upon successful enrollment in the Firefighter 1 Course, all Firefighter Recruits will receive a confirmation email from the Training Academy.
- Firefighter Recruits shall report to the mandatory Firefighter 1 Course Orientation session on the date specified by the Training Academy.
- Uniform of the day for Orientation shall consist of business casual attire (long pants [no jeans], polo or button shirt and appropriate footwear).
- After successful completion of orientation, Firefighter Recruits shall report to the Training Academy parking lot at 0745 hours on the start date of the Firefighter 1 Course and await instruction.
- Firefighter Recruits shall report for training with all issued PPE.
- Firefighter Recruits shall report for training with adequate note taking materials.

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**SIGNATURE OF FIREFIGHTER RECRUIT**

**I certify that my statements herein are true. I am aware that if any of the statements which I have made in this application are willfully false, my application may be revoked and entry into the class prohibited.**

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First Name (Print)

M

Last Name

---

Signature

Date

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**PRE-COURSE ORIENTATION**

**Firefighter Recruit**

\_\_\_\_\_  
First Name M Last Name

The candidate has received and completed training delivered by an approved and qualified member of the Department/Company in the following areas:

- A review of the history and organizational structure of the Recruit’s Department/Company
- A review of the Recruit’s role in the Department/Company organizational structure
- A review of local and county numbering systems (Station & Radio ID)
- A review of the response area that the Department is responsible for protecting
- A review of Department/Company Bylaws, Rules & Regs, Guidelines and Procedures
- A review of the Department Exposure Control Plan
- Participated in a “Right To Know” station walk-through to determine potential hazards
- Participated in a Department equipment familiarization covering each apparatus and associated equipment in the Recruit’s company
- A review of the Recruit’s duties and responsibilities as a member of the Department/Company
- The candidate has been issued OSHA and NFPA compliant Personal Protective Equipment for use during the Firefighter 1 Course. **Note** - *MTFD Recruits will be issued any PPE not previously issued by the Company (Supply permitting).*
  - PPE includes all the following:
    - Self Contained Breathing Apparatus (SCBA), spare cylinder, and PASS device
    - Turn-out Coat and Turn-out Pants
    - Structural firefighting boots or other appropriate footwear
    - Helmet / Eye protection
    - Protective Hood
    - Structural Firefighting Gloves

**PRE-COURSE ORIENTATION APPROVAL**

By signing below, I hereby acknowledge that all of the orientation requirements have been delivered to the above name Firefighter Recruit by me.

\_\_\_\_\_  
Department/Company Representative Name (Print) Title

\_\_\_\_\_  
Department/Company Representative Signature Date