



GEORGIA F.L.A.M.E.S, Inc.
FIREFIGHTERS LABORING AND MASTERING ESSENTIAL SKILLS

COURSE APPLICATION PACKAGE

Thank you for applying to attend the Firefighters Laboring and Mastering Essential Skills Course to be held on September 22nd, 23rd and 24th of 2017 in Chatsworth, Georgia. This program is very demanding both mentally and physically and applicants must be aware of the level of difficulty and risk prior to attempting the course. Rest and recuperation periods **WILL BE LIMITED**, this course will test your endurance physically as well as your determination mentally. Completion of the course will require an absolute commitment from candidates; it is a rigorous test of stamina. The instructors will maintain an atmosphere of professionalism but maximum effort will be demanded from all participants. The course contains evolutions that must be completed for graduation; **candidates must be proficient in S.C.B.A use and air conservation** to pass these evolutions. While the great majority of the course involves basic skills, candidates should have a working knowledge of rapid intervention and self-rescue skills.

The maximum class size is 24 and the roster will be limited to two people from a given department if more than 24 apply. Roster selection however, is always at the discretion of the FLAMES Course Chief.

***ALL APPLICATIONS MUST BE RECEIVED BY MAIL before June 30, 2017.** All applicants will be notified in writing via email on or before July 21, 2017, regarding the disposition of the application. Those selected to attend will receive all necessary information to proceed at that time.

**RETURN BY MAIL TO: Chatsworth Fire Department
ATTN: Chief Baxter
P.O. Box 516
Chatsworth, GA. 30705**

Please provide the following information, printed or typed legibly.

Name:	Email:	
Department:	Age:	Years of Service:
Certification Level:	Current Assignment:	
Address:	Home Phone:	
	Work Phone:	
	Cell Phone:	
List any other advanced training completed:		



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Please explain briefly why you want to attend this course.

Now, without trying to compose a sentence that will sound like the right and noble answer, why do you want to attend this course?

What do you presume this course is about?

What would successful completion of the course mean to you?

What would failure to complete mean to you?

What was the last training course you attended outside your agency?

Have you completed any type of self-rescue or rapid intervention training course?
If so describe:



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Define courage in the most complete way you can in your own words.

What is the hardest thing you have ever done?

What is your most regrettable professional failure and why did you fail?

Who is your role model, whom do you aspire to be like?

Please explain why:

Have you ever built anything? If so, briefly describe what it is and how it is significant to you.



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What are the most essential tangible **skills** (less than ten) a fireman should possess?

Are you competent at anything else outside of firefighting? If so please describe.

Have you served in the military? If so in what branch, where, and for how long?

You have been granted four hours per week of your own, without a negative impact to your financial or familial equilibrium, how would you spend this time?

Please include a picture (hard copy) of yourself with this application.



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STATEMENT OF PHYSICAL FITNESS AND MEDICAL HISTORY

As a minimum requirement, this voluntary statement of Physical Fitness and Medical History Form must be completed prior to participation in the FLAMES Program. Due to course intensity, extensive physical exertion and limited recuperation periods, applicants must certify a reasonable level of physical fitness and answer general questions designed to help determine if the student has any condition which would make it too hazardous to participate in any of these activities.

I. CERTIFICATION OF PHYSICAL FITNESS:

I certify that I am physically fit and able to participate in a physically demanding firefighting based training course. I possess a full range of motion and sensory perception and I am able to perform drills or exercises that may contain any or all of the following activities at very rigorous levels:

- | | | | |
|----------|---------|---------|----------|
| Running | Pulling | Pushing | Climbing |
| Crawling | Scaling | Lifting | Dragging |

Please list any special conditions or previous injuries that would prohibit or limit full participation in activities that involve any of the above.

Please describe your physical fitness program or routine.

Is this routine a personal program or department mandated? _____

If you do not currently participate in a physical fitness program please explain why.



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II. MEDICAL HISTORY FORM

This MEDICAL HISTORY FORM must be completed in order for the application to be considered. These questions are designed to help determine if the applicant has any condition, which would make it too hazardous to participate in the FLAMES course.

- | During the past 12 months: | Yes | No |
|---|-------|-------|
| 1. Have you been hospitalized during the previous year? | _____ | _____ |
| 2. Have you sought medical attention for an injury in the previous year? | _____ | _____ |
| 3. Have you had an illness lasting more than a week in the previous year? | _____ | _____ |
| 4. Do you take prescription medications regularly? | _____ | _____ |
| 5. Do you know of any reason why there should be limits to your participation in any rigorous firefighter training activity? | _____ | _____ |
| 6. Have you ever suffered from a heat related illness or injury? | _____ | _____ |
| 7. Have you ever had a convulsion? | _____ | _____ |
| 8. Are you presently under a doctor's care? | _____ | _____ |
| 9. Are you missing any paired organ (eye, kidney, etc.)? | _____ | _____ |
| 10. Have you ever been treated for or diagnosed with a cardiac related medical condition? | _____ | _____ |
| 11. Are you allergic to any medications (OTC or otherwise)? | _____ | _____ |
| 12. Have you received a tetanus booster within the last ten years? | _____ | _____ |

When was your last complete duty physical? _____

Any "Yes" answers to questions numbered 1 through 10 will **require** completion of a PHYSICAL EXAMINATION and RELEASE STATEMENT from your Physician or clinic **and must accompany this application**. If your Physician has questions regarding the type and intensity of activities involved they can contact the FLAMES Chief by email for more information at chatsworthfire@windstream.net

Please take this serious, participation in this course requires rigorous physical exertion and does involve risk. Concealing an injury or illness will only create an undue risk to your health and well-being.



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GEORGIA FLAMES COURSE WAIVER OF LIABILITY WAIVER OF CLAIMS, INDEMNITY AND HEALTH INSURANCE AFFIRMATION

1. In consideration for receiving permission to participate in the FLAMES course, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Georgia FLAMES ,Inc., their officers, agents, volunteers, instructors or 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, while participating in such activity, while in, on or upon and while traveling to and from the premises where the activities are being conducted, REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.

2. I am fully aware of the risks and hazards connected with the activities of the FLAMES course and I am aware that such activities include the risk of injury and even death, and I hereby elect to voluntarily participate in said activities, knowing that the activities may be hazardous to my property and me. I understand that Georgia FLAMES, Inc. does not require me to participate in this activity. 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 activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law.

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or costs, including court costs and attorneys' fees that Releasees may incur due to my participation in said activities, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law.

4. It is my express intent that this Waiver and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a 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 construed in accordance with the laws of the State of Georgia and that any mediation, suit, or other proceeding must be filed or entered into only in Georgia and the federal or state courts of Georgia. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.



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IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same. I ALSO HEREBY CERTIFY that I have personal health insurance that provides coverage for costs of treatment should I become sick or injured during the course.

AFFIDAVIT (Must be notarized)

IN WITNESS WHEREOF, I have signed this Waiver and Agreement under seal on this

_____ day of _____, 20_____.

Applicant's Printed Name

Applicant's Signature

The foregoing was acknowledge before me this _____ day of _____ Year _____

By, _____, who is personally known by me or who has produced _____ as identification.

Signature of Notary

Printed Name of Notary