

U.S. FOREST SERVICE JOB CORPS ADVANCED EMERGENCE DISPATCH TRAINING PROGRAM

Weber Basin Job Corps Civilian Conservation Center Advanced Emergency Dispatch Program

Application Instructions:

Please ensure that all fields are completed legibly and nothing is blank. Be sure to include all documents that are listed on the document checklist (located below) and ensure that the completed packet arrives no later than **November 15, 2024**.

Application/Document Checklist:

Please ensure that all of the following documents are included in the application packet before submitting.

Click on square to fill	
\Box Student Application (Complete) \Box Case No	tes (last 120 days)
□Professional Resume □Copy of HISET/GEE	High School Diploma or
□TABE Diagnostic Sheet	recent physical (within the
	vs) in a sealed envelope
□Job Corps Data Sheet, From ETA 652 □Health 8	& Wellness Checklist

□ Student Profile, From ETA 6-40

Please submit the completed application packet to:

SM.FS.R4WBDispatch@usda.gov

IN ADDITION, ALL MEDICAL RECORDS SHOULD BE SENT TO:

Weber Basin Job Corps Civilian Conservation Center ATTN: Advanced Emergency Dispatch Program 7400 Cornia Drive Ogden, UT 84405

Thank you for your interest in the Advanced Emergency Dispatch Program!

Advanced Emergency Dispatch Program

Student Application

Personal Information:		
Last Name:	First Name:	MI:
Home Address:		
City:		
Cell phone:	Ema	il:
Date of Birth:		
Age:		
Valid Government ID:		_ If other please explain.
Current Center Information:		
Name of Job Corps Center:		
Address:		
City:		
Date Enrolled:		
Date Completion:		_
СТТ:		
Certifications Earned:		
Staff Contact:		
Telephone:		
Email:	Title:	

Weber Basin Job Corps Civilian Conservation Center Advanced Emergency Dispatch Program

Prerequisites: (You should strive to have all of these by the time you begin the program)	
18 Years of age or older by start of program: Yes No	
Personal savings/checking account: Yes No	
Current physical form current Health and Wellness Center (within 45 Days of arrival): Yes	No
NFPA approved fire boots: Yes No	

The boots must be at least 8" tall, all leather construction, with Vibram brand soles and no steel toe. Common brands include Wesco, Hathorn, Nick's, White's, Drew's, LaSportiva, Scarpa, Danner, Lowa, Hiax, Kenetreks, and Georgia'. These boots can be expensive, but they are an investment that will last a season or two at least. It is important not to skimp in this area. Your feet are very important and you must have good solid boots to support your feet through the long strenuous work days. Also, you must have good wool socks. Purchases these boots as soon as possible once you receive our acceptance letter to start breaking them in.

Emergency Contact Information:

Emergency Contact:		
Relationship:		Telephone:
Do you have allergies: Yes	No	If yes, please list:
Fire Information <u>If Available</u> :		
Currently Red Carded: Yes	No	If yes, expiration date:
IQCS Profile: Yes No		If yes, Employee ID (from Red Card):
IQCS Account Manager:		
Telephone:		Email:
Local Coordination Center:		Alt. Email:
CPR/1 st Aid Qualification: Yes	No	If yes, expiration date:
S-212 Chainsaw: Yes	No	If yes, expiration date:
Qualification: Yes No		
How many PDOF (Fire Fight	ing/Emerg	ency Services) <u>days</u> have you worked:

* If yes to any item above include all documentation with this application.

Advanced Emergency Dispatch Program

Applicant's Autobiographical Sketch:

Tell us about yourself, what you can contribute to the Advance Emergency Dispatch Training Program and what you want to gain out of your experience if selected (you may use this page or attach a separate page):

Applicant's Signature

Date

Advanced Emergency Dispatch Program

Career Technical Training Instructor's Input:

Student Name:	СП:
CTT Instructor:	Telephone:

We are requesting your assistance in the selection of students for the Advance Emergency Dispatch Training Program at Weber Basin Job Corps CCC. This program is designed for students who wish to pursue a career in Fire Management with the US Forest Service or other federal agencies.

Please rate the applicant on a scale of 1 to 10, 10 being exceptional:

Personal Conduct and Professionalism	
Physical Ability	
Communication	
Attitude	
Teamwork	
Duties and Responsibilities	
Productivity	
Work Ethic	
Initiative	
Integrity	

Additional Comments:

Career Technical Training Instructor's

Signature/Date

Advanced Emergency Dispatch Program

Academic Teacher's Input:

Student Applying:	СП:
CTT Instructor:	Telephone:

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Communication	
Attitude	
Teamwork	
Duties and Responsibilities	
Productivity	
Work Ethic	
Initiative	
Integrity	

TABE Scores		
TABE Level		
Math		
Reading		
Cumulative Score		

Additional Comments:

Signature/Date

Advanced Emergency Dispatch Program

Residential Living Advisor's Input:

Student Applying:	СТТ:
CTT Instructor:	Telephone:

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Please rate the applicant on a scale of 1 to 10, 10 being exceptional:

Personal Conduct and Professionalism	
Physical Ability	
Communication	
Attitude	
Teamwork	
Duties and Responsibilities	
Productivity	
Work Ethic	
Initiative	
Integrity	

Additional Comments:

Signature/Date

Advanced Emergency Dispatch Program

Career Development Counselor's Input

Student Applying:	СПТ:
CTT Instructor:	Telephone:

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Please rate the applicant on a scale of 1 to 10, 10 being exceptional:

Personal Conduct and Professionalism	
Physical Ability	
Communication	
Attitude	
Teamwork	
Duties and Responsibilities	
Productivity	
Work Ethic	
Initiative	
Integrity	

Additional Comments:

Advanced Emergency Dispatch Program

Career Technical Training Manager's Input:

Student Applying:	СПТ:
CTT Instructor:	Telephone:

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Please rate the applicant on a scale of 1 to 10, 10 being exceptional:

Personal Conduct and Professionalism	
Physical Ability	
Communication	
Attitude	
Teamwork	
Duties and Responsibilities	
Productivity	
Work Ethic	
Initiative	
Integrity	

Additional Comments:

Advanced Emergency Dispatch Program

Center AFMO's Recommendation: (Forest Service Centers only)

Please share any thoughts and comments about the individual submitting this application to the Advanced Emergency Dispatch Training Program:

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Center Director's Recommendation:

Please share any thoughts and comments about the individual submitting this application to the Advanced Emergency Dispatch Training Program:

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Health & Wellness Summary Checklist

Each summary section must be completed and mailed with application packet.

Health Providers Please Read

This student is applying to the Advanced Emergency Dispatch Training Program at Job Corps CCC. Students in this CTT will have the oportunity to take and pass the Work Capacity Test at the Arduous level. This means walking 3 miles while wearing a 45-pound pack in 45 minutes or less. Additionally, students are expected to hike off-trail in rough and brushy terrain while carrying tools and packs. They participate in daily physical training that includes but is not limited to push-ups, sit-ups, pull-ups, and runs (up to and sometimes exceeding 10 miles). They will be expected to work up to 16 hours per day in a tight-knit crew environment where crewmembers are in each other's company for weeks at a time. Wildland firefighting is an inherently dangerous job and it is imperative that we identify any physical or mental health conditions that might pose a hazard to this student or other students before we consider accepting them into the program. Your cooperation in providing a complete and thorough evaluation is appreciated.

By signing the appropriate section on the last page, you acknowledge that, to the best of your knowledge, this student does not have physical or mental health issues that would limit his or her ability to participate in this very physically and mentally demanding program.

General Informa	tion:							
Student Name:					DOB:		_ ID#:	
Date of Entry:					_ Transferring Cen	ter:		
Date of Transfer	:				Receiving Cente	r: Job Coi	rps CCC	
Insurance (check	call that a	pply):						
Private Insurance: Yes No If yes, enter		er Insurer:						
Medicaid:	Yes	No	lf yes, en	ter State:				
Other (specify)	:							
Allergies:								

Upcoming appointments (e.g., orthodontic, off-center healthcare provider):

Current medication(s) & dosage(s):

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Accommodations:

Check one:

Accommodation plan is attached

Student does not have an accommodation plan

Accommodation Comments (include any specific additional information that needs to be known in relation to the student's accommodation plan such as the use of specific technologies or other information that was helpful in implementing the plan):

Disability Coordinator Signature:	Date:
Non Linc Pass Signature	
Disability Co-Coordinator Signature:	Date:
Non Linc Pass Signature	
H&W Manager's Signature:	Date:
Non Linc Pass Signature	
Medical:	
Date of last medical assessment:	
<i>We require a complete physical examination be completed within 45 o</i> receiving Center.	<u>lays of arrival on the</u>
Medical summary (include diagnoses, chronic/acute conditions, and ti	reatments):

Activity/Diet CTT Restrictions:

Healthcare Provider Signature: _____ Date: _____

Non Linc Pass Signature

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Oral Health

Check all that apply:										
Refused electi	F	Refused oral health treatment								
Received elect	Received elective oral examination				Received oral health treatment					
If student received prior	rity classification,	current prior	ity class	sification:	1	2	3	4		
Does the student have o	orthodontics?	Yes	No							
If yes, is an updated ort	hodontic treatme	nt plan in pla	ce?	Yes	No	1	N/A			
Oral health summary (in	clude diagnoses,	chronic/acute	e condi	tions, and ti	reatment	:):				
Dentist Signature:				Date:						
ILAF										
Enter Toxicology:	Negative	Positive	2							
If positive list:										
Suspicion testing dates/	results (if applica	ble):								
TEAP summary (include Specialist):	results of initial a	assessment, ii	nterver	ntions, and	dates of a	all conta	acts wit	h TEAP		

TEAP Specialist Signature: _____ Date: _____

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Mental Health

Check one:



Student received mental health services Student did not receive mental health services

Mental health summary (include clinical impressions from initial intake assessment, interventions (on and/or off center) medications, and any other relevant care management contacts with the CMHC):

Center Mental Health Consultant Signature: _____ Date: _____

Weber Basin Job Corps Civilian Conservation Center Advanced Emergency Dispatch Program

Students selected for the Weber Basin Job Corps Civilian Conservation Center Advanced Emergency Dispatch Program will have the opportunity to participate with various Wildland Firefighting modules. Students will be required to pass the Work Capacity Test (WCT) (www.fs.fed.us/fire/safety/wct/wct index.html) at the arduous level in order to maintain the qualifications required to hold a primary fire management position for the US Forest Service.

While enrolled in the Advanced Emergency Dispatch Program, students will also be participating in a rigorous physical training program that consists of running, hiking, calisthenics, weight training, and stretching, often in inclement weather conditions. It is the student's responsibility to ensure that they arrive prepared for physical training.

All students are required to have received a physical within 45 days of arrival at Weber Basin Job Corps CCC and be cleared by the Health and Wellness Manager from the sending center. The Health and Wellness Manager must also complete a Health and Wellness Summary Checklist for each student applying for a position in the Advanced Emergency Dispatch Program.

Applications submitted without the completed Transfer Summary Checklist included with this communication will not be considered. Please put the checklist in a signed and sealed envelope.

By signing below, you agree that you understand the rigorous nature of this CTT program and are not aware of any physical or mental health conditions that may inhibit the student's ability to perform his or her duties successfully and safely.

X_____ Applicant's Signature/Date

X_____ Health and Wellness Manager's Signature/Date

X______Center Director's Signature/Date