

PACKET



Copperas Cove Fire Department 2009 Citizens Fire Academy Announcement



OVERVIEW

The Copperas Cove Fire Department will be holding its 2009 Citizens Fire Academy, beginning on October 08, 2009. Through classroom presentation and hands on exercises, citizens will achieve an enhanced awareness of the department's capabilities and limitations as well as a better understanding of why we do the things we do. The members of the Copperas Cove Fire Department intend to encourage its citizens to become more aware of the dangers of fire and benefits of fire prevention through a continued cooperative relationship.

REQUIREMENTS

Participants must be at least 18 years of age and live or work within the response district of the Copperas Cove Fire Department. All applicants must complete an application, submit to a background check, and must sign a waiver releasing the City of Copperas Cove of all liabilities while participating in the Academy. Participants are encouraged to participate in all practical demonstrations. However, because of the voluntary nature of the program, physical limitations of applicants will not be considered a reason for exclusion from the academy. There is no charge to participants.

GOALS AND OBJECTIVES

- To provide a basic understanding of the tactics and strategies of firefighting and rescue operations.
- To provide a greater understanding of the services the Copperas Cove Fire Department is able to provide.
- To encourage academy participants to return to their families and neighborhoods and share their experiences. This will provide more safety conscious and informed citizens.
- To provide an enjoyable, interactive atmosphere in which fire department members and citizens can share information and concerns.

CLASS DATES, TIMES AND LOCATION

The course is 7weeks long, 3 hours per session, and will be held at the Copperas Cove Fire Department Central Station Training Room beginning on Tuesday October 08, 2009 and ending on Saturday November 21, 2009. The Thursday classes will begin at 6:30 p.m. and run through 9:30 p.m. and from 9:00 a.m. to 4:00 p.m. on the Saturday class/Graduation. The class size will be limited to 15 participants.

TOPICS AND ACTIVITIES

- Introductions/CCFD Academy Overview
- Copperas Cove Fire Department Organizational Overview
- Equipment Operations/Apparatus Overview
- The Consequences of Fire Program
- Response Procedures/Tactics
- Station and Emergency Communications Center Tour
- Overview of Public Service Programs
- Classification of Fire/Fire Extinguisher Training
- Fire Behavior/Fire Science
- Pump Operations/Hose Handling
- Personal Protective Equipment
- Self Contained Breathing Apparatus and Personal Alert Safety Systems
- Emergency Medical Services
- Thermal Imager
- Fire Prevention/Fire Investigation
- Emergency Management
- Station Visits and Ride-outs

TO REGISTER

Come by the Copperas Cove Fire Department Central Station, located at 415 South Main Street (next door to the City Library) to sign up for the course and fill out an application. Participants will be notified by email or phone of their acceptance. Due to the limited size of the class, applicants who have been accepted after the class has met capacity will have the option of being on a waiting list for the next scheduled Academy. Participants will need to have applications turned in by September 15, 2009.

SPECIAL NOTE

It is imperative that all participants understand that the Citizen Fire Academy is intended to be an informative experience to provide insight into how the fire department functions and what services it provides. It is not intended to train participants as firefighters or assistants at any fires. It is not the Academy's intent to train participants to a level where it is safe for him/her to involve themselves in any firefighting activity.

2009 Citizens Fire Academy Schedule





OCTOBER	Week One - Thursday 8th	(C Shift)			
	 Introduction/Academy Overview Organizational Overview Equipment Operations/Apparatus Overview 				
	<u>Week Two - Thursday 15th</u>	(A Shift)			
	 Fire Behavior/Fire Science Classification of Fire/Fire Extinguis Public Service Programs 	uishers			
	Week Three - Thursday 22nd	(B Shift)			
	Response Procedures/TacticsStation and Emergency Communication	ations Center Tour			
	<u>Week Four - Thursday 29th</u>	(C Shift)			
	Consequences of Fire ProgramPump Operations/Hose Handling				
NOVEMBER	Week Five - Thursday 5th	(A Shift)			
<u>NOVEMBER</u>	 Week Five - Thursday 5th Personal Protective Equipment Self Contained Breathing Apparatu Personal Alert Safety System 				
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NOVEMBER	 Personal Protective Equipment Self Contained Breathing Apparatu Personal Alert Safety System <u>Week Six - Thursday 12th</u> Emergency Medical Services 	s (B Shift)			
NOVEMBER	 Personal Protective Equipment Self Contained Breathing Apparatu Personal Alert Safety System Week Six - Thursday 12th Emergency Medical Services Thermal Imagers 	s (B Shift)			
NOVEMBER	 Personal Protective Equipment Self Contained Breathing Apparatu Personal Alert Safety System Week Six - Thursday 12th Emergency Medical Services Thermal Imagers Week Seven (Day One) - Thursday 19th Fire Prevention Fire Investigation 	s (B Shift)			



Copperas Cove Fire Department



The Department	<u>CILIZEITS FILE</u>	Academy	Applica		DEPARTMENT		
Last Name							
First Name							
Middle Name							
Alias Names (Married, Maider	n, Other)						
Shirt Size	1						
Address							
City							
State/Zip							
Day Phone							
Evening Phone							
E-mail							
Date of Birth							
Drivers License	Number			Stat			
Are you currently or have		a party to a	ny misdo			inal matter	
(other than minor traffic							
convicted, served proba							
conviction, or made res							
prosecution?	\square No (If yes, please	-			progra		
Explanation:		explain below)					
•							
Employer							
Employer							
Address							
City State/7in							
State/Zip							
Work Phone							
Supervisor							
Emergency Contact	Name			Dhana #	Home		
(Primary)	Relationship			Phone #	Cell		
Emergency Contact (Secondary)	Name			Phone #	Home		
	Relationship			Phone #	Cell		
Medical Conditions	Cardiac/Heart			🗆 Yes 🛛] No		
	Breathing/Resp	Breathing/Respiratory		□ Yes □	🗆 Yes 🗆 No		
	Stroke						
	Diabetes						
	Vision/Hearing						
	Other						
Known Allergies		lifyon places list	holow				

Note: Certain activities throughout the Citizen's Fire Academy may involve a moderate degree of physical exertion. It is recommended that participants with any of the above mentioned conditions check with their physician prior to participating in the academy. Participation in any portion of the program is purely voluntary and shall not be considered a requisite for acceptance.

Please provide the names, addresses and telephone numbers for three references. Do not list relatives or previous employers.

Name	Address	Phone No.	Relationship		

I certify that the information contained in this application or other material provided to the City and in any oral statements by me are true and correct and that I have not omitted any information. I understand that false or misleading information given in my application may disqualify me from further consideration.

I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning information they may have on me, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you.

I further authorize the City of Copperas Cove to conduct a <u>Criminal Background</u> history check as part of this application. I also agree to provide the City with any other authorization or release it needs to complete the required background investigation and to determine my suitability to participate in the Copperas Cove Fire Department Citizens Fire Academy.

Signature:

Date:

Please return:

Completed application as well as a copy of your Drivers License or State Approved Photo ID

To:

Copperas Cove Fire Department 415 South Main Street Copperas Cove, TX 76522

Business No. (254) 547-2514 Fax No. (254) 547-3578

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

COPPERAS COVE

THE STATE OF TEXAS

COUNTY OF CORYELL

WHEREAS; _______wishes to participate in riding on a fire truck, ambulance, or other Fire Department apparatus ("Equipment") belonging to the City of Copperas Cove Fire Department ("Department") for the purpose of experiencing the responsibilities of a firefighter/EMT or Paramedic; and

WHEREAS; The City of Copperas Cove is willing to allow such activities at the sole risk of the undersigned individual; and

WHEREAS; the undersigned individual hereby understands that activities on the Equipment may entail some risk or danger for which the undersigned individual assumes full responsibility; and

NOW THEREFORE, IN CONSIDERATION OF PERMITTING THE FOREGOING ACTIVITY AT THE SPECIAL INSTANCE AND REQUEST OF THE UNDERSIGNED INDIVIDUAL, SAID INDIVIDUAL DOES HEREBY, FOR AND ON BEHALF OF HIMSELF, HIS HEIRS, AND ASSIGNES, RELEASE, ACQUIT AND FOREVER DISCHARGE THE CITY OF COPPERAS COVE, TEXAS, ITS ELECTED AND APPOINTED OFFICIALS, THE DEPARTMENT, ITS AGENTS, SERVANTS, EMPLOYEES, AND ALL AFFILIATED PERSONS AND ENTITIES OF AND FROM ANY AND ALL LIABILITY FOR WHATEVER HARM, LOSS, INJURY, AND/OR DAMAGE SUSTAINED AT ANY TIME THAT MAY RESULT FROM THE ACTIVITIES RELATING TO OR CONNECTED WITH RIDING ON A FIRE TRUCK, AMBULANCE, OR OTHER FIRE DEPARTMENT APPARATUS.

THE UNDERSIGNED INDIVIDUAL DOES FURTHER HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE CITY OF COPPERAS COVE, TEXAS, ITS ELECTED AND APPOINTED OFFICIALS, THE DEPARTMENT, ITS AGENTS, SERVANTS, EMPLOYEES, AND ALL AFFILIATED PERSONS AND ENTITIES, FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, DAMAGES, CAUSES OF ACTION, SUITS AND LIABILITY OF ANY KIND INCLUDING DEATH AT ANY TIME RESULTING THEREFROM, SUSTAINED BY ANY PERSON OR PERSONS OR ON ACCOUNT OF DAMAGE TO PROPERTY, INCLUDING LOSS OF USE THEREOF, ARISING OUT OF OR IN CONSEQUENCE OF THE ACTIVITIES ON THE PREMISES, WHETHER SUCH INJURIES OR DAMAGES ARE DUE TO OR CLAIM TO BE DUE TO THE SOLE NEGLIGENCE OF ANY MEMBER OF THE DEPARTMENT, CITY OF COPPERAS COVE, TEXAS, ITS ELECTED AND APPOINTED OFFICIALS, THE DEPARTMENT, ITS AGENTS, SERVANTS, EMPLOYEES, AND ALL AFFILIATED PERSONS AND ENTITIES.

FURTHER, the undersigned individual acknowledges and accepts full responsibility for damage to the equipment or any other tangible property belonging to the department.

SIGNED this the ____ day of _____, 20 ___.

Rider

SUBSCRIBED AND SWORN TO BEFORE ME, undersigned authority, on this the ____ day of _____, 20 ____.

Notary Public in and for The State of Texas