



## YORK COUNTY FIRE ACADEMY

149 Jordan Springs Road  
Alfred, ME 04002

### PROGRAM ANNOUNCEMENT

# ***RAPID INTERVENTION TEAM TRAINING***

The York County Fire Academy is pleased to announce its 2025 Firefighter Rapid Intervention Team Course. This course meets NFPA 1407 using Jones & Bartlett *Fire Service Rapid Intervention Crews* (1<sup>st</sup> Edition) curriculum. This course is being offered in cooperation with the Sanford Fire Department and the Maine Fire Service Institute.

**Application Deadline:** Friday, March 20, 2025 @ 5:00 pm. Only completed applications will be accepted. Completed applications shall include signatures for the medical information section, and fire chief authorization.

**All candidates are encouraged to submit their applications early in the process.**

Send completed application to: email: [firetrain@yorkcountymaine.org](mailto:firetrain@yorkcountymaine.org) or via fax 207-324-4997.

**Acceptance Letters:** Acceptance letters will be emailed no later than March 23, 2025.

**Tuition:** \$250 departments within York County, \$300 for departments outside York County, \$350 for departments outside Maine. Tuition includes textbooks and manuals. This program is approved for 50% reimbursement through a Harold Alfond Foundation Grant. Contact Kristen Wiegand, [kwiegand@mccs.me.edu](mailto:kwiegand@mccs.me.edu) or 207-287-0230, MCCS Workforce Development Coordinator for more information.

**Class Schedule:** Classroom portion 0800-1630, March 31<sup>st</sup> at York County EMA. Practical portions April 1<sup>st</sup> and 2<sup>nd</sup> at South Sanford Fire Station.

**Minimum Number of Students:** 8. The course may be cancelled if minimum enrollment is not met prior to March 22, 2025. Maximum Number of Students: 16.

**Prerequisite:** Certified Firefighter II (NFPA 1001).

**Equipment:** Full turnout gear, SCBA and spare bottle.

**Questions and FMI** contact the Program Coordinator AC Brian Watkins via email at [bwatkins@sanfordmaine.org](mailto:bwatkins@sanfordmaine.org) or York County Fire Academy via email at [firetrain@yorkcountymaine.gov](mailto:firetrain@yorkcountymaine.gov)

**YORK COUNTY FIRE ACADEMY**

**COURSE APPLICATION APPLICANT'S INFORMATION**

Name:(Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Mailing Address (if Different): \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emg. Contact Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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**SPONSORING DEPARTMENT/AGENCY**

Name of Dept or Agency: \_\_\_\_\_

Chief: \_\_\_\_\_ Chief's E-mail: \_\_\_\_\_

Training Officer: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

**YORK COUNTY FIRE ACADEMY**

**FIRE CHIEF's CERTIFICATION AND AUTHORIZATION**

I hereby consent for the above named to participate in the above course and verify that he/she is covered by our department (or company) insurance, is not currently receiving worker's compensation benefits.

\_\_\_\_\_ The sponsoring agency will provide the student with appropriate personal protective equipment (full turnout gear and SCBA) that meets NFPA and Maine Bureau of Labor Standards requirements for use in the State of Maine.

\_\_\_\_\_ The applicant has met all requirements of OSHA 1910.120 (Respiratory Protection). To Include Medical Clearance for SCBA use. Fit Test to SCBA Mask. Those documents are on file at this department and will be made available to the course staff on request.

\_\_\_\_\_ The applicant is certified to Firefighter II (NFPA 1001). Documents are on file at this department and will be made available to the course staff on request.

\_\_\_\_\_ I am confident that the applicant has the physical aptitude and cognitive learning skills necessary for this program of instruction.

Fire Chief or Designee Name (Please print): \_\_\_\_\_

Signature of Fire Chief/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

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**APPLICANT'S DECLARATION**

I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

Applicant Name (Please Print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Please be sure the application is signed prior to submitting.\*\*\***

Your sponsoring department will be invoiced for the class tuition.

Mail application to;  
York County Fire Academy  
149 Jordan Springs Rd  
Alfred, ME 04002

Or Fax to: (207) 324-4997 Or Email to: [firetrain@yorkcountymaine.gov](mailto:firetrain@yorkcountymaine.gov)