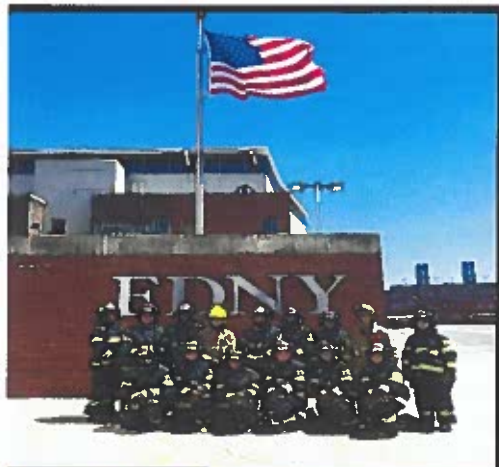


WILLINGBORO



TOWNSHIP
NEW JERSEY



FIRE & EMS **YOUTH FIRE** **ACADEMY**



Willingboro FIRE & EMS is seeking students, ages 13-17, who are interested in a career in the fire service to participate in the Youth Fire Academy. This 10-day (Monday - Friday, 2 weeks) Fire Academy style training program is designed to expose you to many different aspects that can be found in the fire service community.

JULY 11-22, 2022

ACTIVITIES INCLUDE:

- Fire Behavior
- Firefighting Tactics
- First Aid/ Emergency Medical Services
- Fire Scenario Demonstrations
- Physical Training
- Teamwork & Leadership
- One Trip to a Location TBD
- AND MUCH MORE!!



For an application, please visit our website at:
www.willingborofire.org or
email request to: yfa@willingborofire.org

Willingboro FIRE & EMS Youth Fire Academy
398 Charleston Road, Willingboro, NJ 08046
(609) 871-7476 ext.1093

PLEASE NOTE: All applicants will be required to submit a completed application prior to the start of the Academy. A background check will also be conducted on all applicants.

APPLICATION DEADLINE: June 17, 2022

Graduation will be held on Saturday July 23, 2022

WILLINGBORO FIRE & EMS

398 Charleston Road, Willingboro, NJ 08046

Anthony Burnett
Chief of Department



Phone: (609) 871-7476
Fax: (609) 871-4463

Youth Fire Academy

Willingboro Township FIRE & EMS will be hosting its 8th Annual Youth Fire Academy. The Cadets will be instructed by actual fire instructors on the topics that Fire Recruits are taught in the Fire Academy. This academy will **not** in any way certify a person as a firefighter or empower them with firefighter duties or responsibilities.

Purpose: The purpose of this program is to help foster a better relationship between the Youth of Burlington County and Willingboro FIRE & EMS through education and training.

When: Orientation will be held on Saturday July 9th, 2022 @ 10am. The first day of the academy will start on Monday, July 11th, 2022 and conclude Friday, July 22nd, 2022. With the graduation on Saturday July 23rd, 2022. It will run for two weeks with students meeting Monday - Friday from 8:00am until approximately 4:00pm.

Where: The Youth Fire Academy will be conducted at the Willingboro FIRE & EMS Facility located at 398 Charleston Road, Willingboro, NJ 08046. However there will be some off site excursions during the academy.

Who: The academy is open to residents of New Jersey 13 years of age to 17 years of age. All applicants interested in attending the academy must complete an application; Class size will be limited to approximately 20 students.

Any applicant that is found to have falsified information or left part of the application incomplete will be rejected. The Chief of the Department or their designee will make the final decision as to which applicants are accepted into the Youth Fire Academy. In case there are more eligible applicants than available positions in the academy, applicants will be placed on a waiting list and will have first priority for future academies.

All completed applications will be delivered to Willingboro FIRE & EMS prior to Wednesday, June 17th, 2022.

SPACE IS LIMITED, SO PLEASE DON'T DELAY

WILLINGBORO FIRE & EMS

398 Charleston Road, Willingboro, NJ 08046



Anthony Burnett
Chief of Department

Phone: (609) 877-7476
Fax: (609) 871-4463

YOUTH FIRE ACADEMY APPLICATION FORM

Name: _____ Date of Birth: _____
Last First MI

Address: _____
Street City Zip

Cadets Email Address: _____ Sex: _____ Race: _____

Home phone: _____ Cell phone: _____

Current School: _____

Current GPA: _____

Parent/Guardian Name(s): _____

Parent's/Guardian's Address: _____

Parent's/Guardian's Email Address: _____

Parent's/Guardian's Phone Number: _____

Sibling(s) Name(s) and Date of Birth: _____

Have you ever been convicted of any Crimes? _____
Have you ever been arrested, convicted or charged with any offense other than minor traffic offenses? If yes, please explain in detail include what action was taken against you: _____

Emergency contact if parents cannot be reached (Name, Address, Phone) _____

Are there any medical, Behavioral, or dietary restrictions, which we should be aware of? (Please specify including known allergies.) _____

Physician's Name, Address and Number: _____



Youth Fire Academy

Photography/Video Permission

Willingboro Township and Willingboro FIRE & EMS would like to use pictures, videos and possibly the name of your child within the Township website; www.willingboronj.gov, and/or the FIRE & EMS Department website; www.willingborofire.org, the newspaper; Willingboro Township Marquee Magazine, and all means of social media; Facebook, Instagram, and Twitter, as well as, printed or electronic materials related to the Township of Willingboro and Willingboro FIRE & EMS. We will not release personal information regarding your child; nor will we sell pictures or videos of your child at any time. All photos will be used for sole purpose of keeping residents aware of activities within the Township and to possibly advertise for future Willingboro Youth Fire Academies. Copies of all photos and videos will be available to any parent whose child is in the Youth Fire Academy upon request.

_____ Yes, I grant permission for photos/videos of my child to be utilized within Willingboro Township's and/or Willingboro FIRE & EMS means of communication media.

_____ No, please do not take or use any photo/videos of my child.

Print Child's Name: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



Youth Fire Academy

Meal Plan Acknowledgement

Dear Parents/Guardians,

This year general lunch meals will be provided by the Youth Fire Academy (YFA). All food items and contents of meals will attempt to meet government food guidelines of healthy eating and a balanced meal. Food products will be donated by multiple local businesses and associations in the community. Lunch will be provided at no cost to YFA Cadets. Please provide us with a list of allergies and food restrictions your youth may have. You will be responsible for providing lunch on listed day(s) during off campus activities and any day(s) listed on the schedule that your youth chooses not to receive the scheduled menu items.

Please initial the appropriate acknowledgement below:

_____ I DO give permission for my youth to participate in YFA meal plan.

_____ I DO NOT give permission for my youth to participate in YFA meal plan.

List of food allergies:

Parent/Guardian Signature

Date



Youth Fire Academy
Food Waiver and Release from Liability

By signing this waiver, I _____ release Willingboro Township and Willingboro FIRE & EMS from any liability with regard to possible spoilage or food-borne illness from donated food from local businesses in the community during the Youth Fire Academy. I am aware the food was prepared off premises by the local business and picked up/delivered to the Fire Station by either delivery driver or FIRE/EMS personnel. I also am indicating that I accept full responsibility my child(ren) does become sick after eating said food.

Participant Signature: _____

Date: _____

Parent/Legal Guardian Signature: _____

Date: _____



Youth Fire Academy Personal Protective Equipment (PPE) Waiver Form

I _____ understand that by opting to use my PPE from the Fire Department that I belong to and not using the PPE that is issued by Willingboro FIRE & EMS for the Youth Fire Academy, that I am releasing the Township of Willingboro and Willingboro FIRE & EMS from all Liability of any damage that may occur from wearing and use of said PPE.

It is further agreed and understood that under no circumstances will Willingboro Township or Willingboro FIRE & EMS be responsible for the loss or damage of PPE not issued by Willingboro FIRE & EMS.

Participant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Fire Department Name: _____

Fire Chief Signature: _____

Date: _____



Youth Fire Academy

Consent for Medical Treatment of a Minor Child

I, _____
(parent(s) or guardian(s) name(s))

(street address, city, and state)

Give permission to:

(name(s))

(street address, city, and state)

To take temporary care of the following child(ren),

(Name and date of birth)

This power of temporary authority begins on _____ (Date)

And remains effective through _____. (Date)

The above-named caretaker(s) have the following powers:

1. The power to seek appropriate medical treatment or attention on behalf of the child as required by the circumstances, including but not limited to medical doctor or hospital visits.
2. The power to receive medical information.
3. The power to authorize medical treatment or medical procedures in an emergent situation.
4. The power to: _____

Date and time: _____

Signature: _____
(Parent(s) or legal guardian(s))

Printed name: _____
(Parent(s) or legal guardian(s))

Witness: _____
(WFD Personnel or Notary)



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS:
Willingboro Township, Willingboro FIRE & EMS, and/or their directors, officers, employees, volunteers, representatives;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Willingboro Township, Willingboro FIRE & EMS, their directors, officers, volunteers, representatives, and staff are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature,

weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I FURTHER ACKNOWLEDGE THAT ANY SAFETY VIOLATION, OR FAILURE TO COMPLY WITH INSTRUCTIONS OR DIRECTIVES ON THE PART OF MY SON/DAUGHTER, DURING TRAINING, NO MATTER HOW MINOR, WILL RESULT IN MY SON/DAUGHTER'S **IMMEDIATE REMOVAL** FROM THE SPECIFIC PRATICAL TRAINING AND **DISMISSAL** OF MY SON/DAUGHTER FROM THE YOUTH ACADEMY.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT; WHEREAS I SIGN THIS FORM OF MY OWN FREE WILL.

_____ Participant's Signature (Please print legibly.)	_____ Date	_____ Participant's Name	_____ Age
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_____ Parent/Guardian Signature (If under 18 years old, Parent or Guardian must also sign.)	_____ Date
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WILLINGBORO POLICE / FIRE / EMS

MUNICIPAL COMPLEX

1 Rev. Dr. M.L. King, Jr. Drive, Willingboro, NJ 08046



WILLINGBORO YOUTH POLICE / FIRE / EMS ACADEMY **PHYSICAL WAIVER FORM**

Physician's Name; _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

To be filled out by the Physician:

Please list any known Allergies:

Baseline Vitals

BP: _____ / _____

Pulse: _____

Respiratory Rate: _____

I certify that I have examined _____ and found him/her medically

Print Name of Applicant

qualified to participate in a POLICE / FIRE / EMS physical fitness program. The program includes running up to twenty minutes and other basic exercises (pushups, sit-ups and stretching). For the Fire Academy they will be in structural gear performing firefighter duties such as stretching hose lines, climbing ladders, dragging rescue dummies and more.

I also certify that I am a licensed medical physician, physician's assistant or family nurse practitioner.

Physician's Signature: _____ Date _____

Please list any Participation restrictions the cadet may have on the second page.

H₁

WILLINGBORO POLICE / FIRE / EMS

MUNICIPAL COMPLEX

1 Rev. Dr. M.L. King, Jr. Drive, Willingboro, NJ 08046



Participation Restrictions:
