



Fire Fighter Cadet CAMP APPLICATION

For more information please contact:
Deputy Chief Mike Dine
Pender Island Fire Rescue
P.O. Box 61, 4423 Bedwell Harbour Rd
Pender Island, BC V0N 2M0
Bs: (250) 629-3321
Email: deputychief@penderfire.ca
Website: www.penderfire.ca

APPLICATION FORM

Note: Acceptance into the program will be based on a personal interview, the quality, completeness and timely submission of this document.

Please Print Clearly

Date: _____

Name: _____	Date of Birth: _____
Address: _____	Health Care Number.: _____
City: _____	Social Insurance Number: _____
Postal Code: _____	Currently Enrolled in School (yes or no) _____
Telephone: _____	Last Grade Completed ? _____
Cell: _____	Emergency Contact Name: _____
Email: _____	Emergency Contact Number: _____
Parent/ Guardian: _____	Parent/ Guardian: _____
Address: _____	Address: _____
City: _____	City: _____
Postal Code: _____	Postal Code: _____
Telephone: _____	Telephone: _____
Cell: _____	Cell: _____
Email: _____	Email: _____

Please attach a cheque for \$200.00 (non-refundable) and the following completed forms (color coded) with this application:

1. Cheque for \$200.00
2. Medical Certificate of Fitness
3. Personal Health Form
4. Personal Sizing Form: Neck, Arm, Waist, Hips, Inseam, Normal T-shirt Size, Shoe, Height & Weight
5. Participation / Parental Consent
6. Release Waiver and Assumption of Risk
7. Expectations for Participation (Return Page 2 only)
8. Resume

Cadet Applicant to Retain Pages, 11, 13 & 14



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APPLICATION FORM

Please describe three goals that you plan to achieve?

1. _____
2. _____
3. _____

What past accomplishments are you most proud of?

What are your strongest character traits? Please list at least two:

Please explain why you would like to participate in this camp?

Additional Comments ?

Please attach your resume and submit this application to:

School Guidance Counselor
OR
Deputy Chief Mike Dine at Pender Island Fire/Rescue

If you require assistance or have questions please call Deputy Chief Dine at (250) 537-0101



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Medical Certificate of Fitness

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This medical Certificate of Fitness must be completed within 6 months of activity/event.



Attention Examining Physician

1. The fee for the services of the physician is the responsibility of the candidate
2. It is essential that the candidate be PHYSICALLY AND PSYCHOLOGICALLY fit to perform the duties of a fire fighter trainee.

Please Print

Surname of Candidate: _____

Given names of Candidate: _____

Date of Birth: _____

1. Does the candidate have any disease conditions that would affect his/her abilities to function as a fire fighter trainee? (If yes please explain).

2. Does the candidate have any psychological and/or emotional illness that would affect his/her abilities to function as a fire fighter trainee? (If yes please explain).



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Medical Certificate of Fitness

3. Does the candidate have any physical disabilities that would affect his/her abilities to function as a fire fighter trainee? (If yes please explain)

4. Does the candidate have the physical fitness to function as a fire fighter trainee? (If no, please explain).

5. In summary, in your professional opinion, do you have confidence with the candidate's physical and/or psychological fitness to perform rigorous fire and rescue training? (If no please explain).

Physicians Name:
Please Print

Physicians Signature:

Date:

Telephone Number:

Address:

Clinic or Physician's Stamp:

Candidate's statement: I have answered all the questions from the above noted physician honestly and truthfully.

Candidate's Signature: _____ Date: _____



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Personal Health Form

Name of Participant: _____

Do you have any special food requirements? If yes, please explain:

"If the participant has allergic reactions to such things as food, insect stings, etc., please complete the following:"

Allergy:	Life Threatening?		Allergy:	Life Threatening	
	Yes	No		Yes	No
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Is the participant subject to any of the following? (Please check all that apply)

_____ Arthritis	_____ Convulsions	_____ Motion sickness	_____ Sleep-walking	_____ Other: (Specify)
_____ Ear Trouble	_____ Nightmares	_____ Respiratory Ailments	_____ Headaches	_____

Chronic conditions or recent illness of which the trainers/staff should be aware:

Please provide details of treatment required and name of medications he/she will be bringing with him/her if required for the above mentioned conditions:

Medications: Any medication (over-the-counter and/or prescribed) required by participants must be brought with them in original packaging with dosage instructions, clearly labeled including their name. Medications are given to the trainer or first aid provider upon arrival at the activity/event/camp for storage. The trainer or first aid provider will supervise the taking of the medication according to instructions provided. Participants must be willing to take their medication. They will not be given any medication that is not provided by parents/guardians.



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Personal Health Form

Are there any medications that your child/ward should carry themselves (e.g. asthma pump, Epi-pen)?

Yes

No

If yes, please specify _____

Date of last tetanus shot? _____

Are corrective lenses required? _____

Contact Lenses? _____

Health Card Number: _____

Other comments:

Every Care and Attention Will be given to The Health and Comfort of the Participant

I hereby authorize the Trainer, for the activity/event/camp, to secure such medical advice and services "as may be deemed necessary for the health and safety of myself, or my child/ward." I agree to "accept financial responsibility in excess of the benefits allowed by my provincial health care plan."

Signature of Participant
(or custodial parent/guardian if participant is
under provincial age of majority)

Date:

Photograph:

A picture is required when a cadet is attending any activity/event/camp at which he/she may not be known. Please attach a photo of the applicant to the back of the personal health form.

I am aware of the extent of the proposed activity and I am fit and healthy enough to participate fully. I certify that the information on this form is complete, correct and current.

Signature of Participant
(or custodial parent/guardian if participant is
under provincial age of majority)

Date:



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Chest: Measure just under the arms and across shoulder blades holding tape firm and level.

Hip: In standing position, measure around the fullest point of your hip.

Sleeve Length: With arm relaxed at side and slightly bent, measure from center back neck, over the shoulder and down to the outer wrist.

Inseam: In standing position, measure from the crotch inseam to the ankle bone.

Sizing Form

Please complete this form in full and return completed form to the address listed below:

Name: _____ (Please Print)

	Measurement (inches)
Neck size	
Arm length (top of shoulder to wrist)	
Chest size	
Waist size	
Hip size	
Inseam	

	Size (Sm. Med. Lg. XL)
Jacket size (normal fitting)	
T-shirt size (normal fitting)	
Shoe size (normal fitting)	

	Other
Height	
Weight	

Return form to: Pender Island Fire Rescue
P.O. Box 61
Pender Island, BC
V0N 2M0

Or fax: 250-629-6194



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Participation / Parental Consent

I understand that I will be expected to safely and fully participate in the program, to the best of my ability, with minimal physical assistance. I further understand that if it is deemed by the trainer, in consultation with other trainers, my parent(s)/guardian(s) and/or myself, that my participation is/has posed a safety risk to myself or others in the group that I will be required to return home at my parent(s)/guardian(s) expenses.

Signature of Participant
(or custodial parent/guardian if participant is
under provincial age of majority)

Date:

I understand that my child/ward will be expected to safely and fully participate in the program to the best of his/her ability and with minimal physical assistance. I further understand that if my child/ward's participation has posed a safety risk to him/her or others in the group, I will be consulted and will be responsible for arranging transportation home at my expense.

Signature of Participant
(or custodial parent/guardian if participant is
under provincial age of majority)

Date:

Relationship to child/ward



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Release, Waiver and Assumption of Risk Page 1 of 2

We protect and respect your privacy. Your personal information is used to communicate within the Southern Gulf Islands Fire Departments and their members, officers, directors, employees, volunteers and independent contractors; we do not provide or sell this information outside our organization.

To be signed by custodial parent(s) or guardian(s) of a minor child, or by the participant if they have reached the provincial age of majority, for EACH event/camp.

I (we), _____ hereby acknowledge and agree

that in consideration of _____ (name of participant) being permitted to

participate in the activities of the GULF ISLAND FIRE/RESCUE YOUTH CAMP at

(herein called the G.I.F.Y.C.) Pender Island, BC from _____
(Dates of Camp)

1. I (we) do hereby release the Southern Gulf Islands Fire Departments and their members, officers, directors, employees, volunteers and independent contractors from all liability, claim causes of action of any kind whatsoever in respect of all personal injuries, loss of life or property losses which our child/ward (I) may suffer arising out of the activities of the organization
2. And I (we) do hereby acknowledge and agree
 - a) That the activities (listed below) may be dangerous and expose our child/ward/me to risks and hazards:
 - Fire fighting training
 - Search and Rescue training
 - b) That I (we) freely and voluntarily assume all the aforesaid risks and hazards for (our child/ward) myself.
 - c) That I (we) have carefully read this release, waiver and assumption of risk agreement, that I (we) fully understand same and that I am (we are) freely and voluntarily executing same.
 - d) That I (we) understand clearly that by signing this release, I (we) will be forever prevented from suing or otherwise claiming against the Southern Gulf Islands Fire Departments, and their members, officers, directors, employees, volunteers or independent contractors with respect to any matter arising from these activities.



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Release, Waiver and Assumption of Risk Page 2 of 2



e) I agree that the Southern Gulf Islands Fire Departments and their members, officers, directors, employees, volunteers and independent contractors may use photographs of my child with or without his/her name and for any lawful purpose, including for such purposes as publicity, illustration, advertising and web content.

Dated at _____, this ____ day of _____ in the year _____.
(month)

Parent(s)/guardian(s) Signature

Relationship to Participant

Parent(s)/guardian(s) Signature

Relationship to Participant



Fire Fighter Cadet CAMP APPLICATION

Expectations for Participation

Page 1 of 2

We protect and respect the privacy of our members. Personal Information is used to communicate within our organization; we do not provide or sell this information outside of our organization.

This document outlines the expected behavior during activities. A participant is defined as “any person, adult or child, who is involved in an activity in any capacity.”

- All participants agree to follow the regulations. It is the responsibility of the adults in supervisory roles to be conversant with the policies and procedures that apply to their activities and to ensure the appropriate documentation is completed.
- Gulf Island Fire/Rescue Youth Camp will not tolerate acts of discrimination and/or harassment on the basis of race, national or ethnic origin, colour, age, religion, sexual orientation, marital status, family status, disability or conviction of an offense for which a pardon has been granted.
- The emotional, physical, verbal or sexual abuse of any participant will not be tolerated.
- Participants must follow provincial and municipal laws and regulations, if permitted, only smoke in designated smoking area.
- No alcohol or illegal substances may be brought to or consumed at the activity.
- Any material that may be deemed a “weapon” will be confiscated and the individual will be sent home immediately. The trainer has the right to define a “weapon”.
- In the event of suspected “banned” materials, the trainer responsible for the activity, or his/her designate, may perform a search of belongings for the purpose of confiscation of such banned materials, with the individual and another adult present.
- The privacy of the individual is to be maintained at all times. No person shall disregard another person’s privacy as it regards to personal belongings, accommodation or hygiene facilities.
- No participant will be permitted to leave the activity without permission of the trainer responsible for the activity.
- No participant will engage in an act of criminal or civil disobedience as outlined by the laws of Canada, for example, theft, vandalism, assault, etc.
- Actions and behavior that jeopardizes the safety of the participant or the group will not be tolerated.

Any violation of this document will be cause for disciplinary measure and will result in discipline that may include the participant being sent home at his/her own or his/her parent’s/guardian’s expense. In the case of expulsion, no portion of the fees is refundable.

The trainer for the activity, in consultation with other adults in supervisory roles, will interpret these expectations. The trainer has final discretion for ensuring safety by removing or excluding an individual from an activity. Exclusion for reasons of safety may be extended to other activities if the individual has not demonstrated an understanding of risks and appropriate safety guidelines.



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Expectations for Participation

I have read and agree to comply with the expectations for participation while taking part in events and activities. I further understand that any violation of these expectations will be cause for disciplinary measure and, if such results in my being sent home, that it is done so at my own expense or at the expense of parents/guardians.

Failure to sign this document will result in the exclusion of the participant from activities.

Name of Participant (Please Print)

Signature of Participant

Date

Signature of Participant
(or custodial parent/guardian if participant is
under provincial age of majority)

Date

Relationship to child/ward



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Application Timeline

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We encourage all applicants to complete this application in a timely manner and to ensure that you are prepared for the camp well in advance.

8 months Prior to Camp

August 1 Applications are available online at www.penderfire.ca

6 months Prior to Camp

October 31 Complete the following by this date:

1. Medical Certificate of Fitness
2. Release Waiver and Assumption of Risk
3. Participation / Parental Consent
4. Expectations for Participation
5. Personal Health Form
6. Resume, up-to-date
7. Personal Sizing Form: Neck, Arm, Waist, Hips, Inseam, Normal T-shirt Size, Shoe, Height & Weight

5 months Prior to Camp

November 1-15 Two week period while applications are being reviewed
November 15-30 Interviews (Make sure you bring the ENTIRE application completed to your interview)

4 months Prior to Camp

December 15 When you have been accepted, your deposit must be paid in full by this date

1.5 months Prior to Camp – Pre-class assignment & books will be distributed to cadets.

1 month Prior to Camp

Date: TBA Cadet Camp Training day on Pender Island where we will formulate teams and fit you with all equipment required for your time at the camp.

1 week Prior to Camp

Make sure that you have reviewed and have all items on the “Personal Supply List”. Please keep in mind that you will not be able to purchase any items for the duration of the camp.



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Personal Supply List

Page 1 of 1

Please bring the following items to the cadet camp:

- One change of outer clothing
- Enough under garments for a week
Note: you will be issued two T-Shirts and Coveralls
- Running gear (all weather)
- WCB/CSA footwear "Boots", black preferred
- Lock for locker
- Toiletries.(shampoo, soap, face cloth, toothbrush, toothpaste, towel, etc.)
- Sleeping bag and pillow with your name on both
- Notebook and pen
- Camera and film (optional)
- \$10.00 pocket money (optional)
- A positive, cooperative attitude with a willing spirit and a sense of humor

Upon arrival you will be issued coveralls, two t-shirts, a hard hat, safety glasses, gloves, a ball cap and a track suit.

Your basic daily dress will be coveralls, WCB/CSA footwear "Boots", hard hat or cap

Additional clothing should be worn beneath the coveralls because much of the training will take place outdoors.

Casual dress may be worn in your, very limited, free time