



Basic information for conducting  
**JUNIOR FIRE & EMS CAMPS**



A Division of Glatfelter Insurance Group

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# Junior Fire and EMS Camps

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Summer brings with it the opportunity for the future of the fire and EMS community to inspire youth in the spirit of public safety. With students out of school, camps abound attracting their interest – swim camp, adventure camp, tennis camp, soccer camp, summer baseball academy and the list goes on. Yet, how many communities actually capitalize on the idea of hosting a fire, EMS or law enforcement camp?

Surprisingly, more communities than one might think are hosting such camps. In fact, a recent Internet search found some 2,000-plus communities involved in junior public safety camps. The goals of such camps vary, but typically involve:

- Increasing youth awareness about volunteering and supporting fire and emergency services.
- Educating parents, the community and organization mentors of the importance of encouraging volunteerism.
- Enabling local youth to gain insight and interest in becoming long-term members of emergency services.
- Providing fire and EMS agencies with additional help in accomplishing non-firefighting or non-emergency tasks.
- Assisting in developing leadership for America's youth, who are tomorrow's leaders.

Since so many communities are involved, it is important to assure the proper actions and precautions are taken to protect those future public safety members, the instructors/counselors and the organizations during these events, making them as valuable as possible to all involved.

The camps are typically designed to introduce the participants to the roles, responsibilities and duties of public safety personnel. However, their activities **MUST** be limited to what is permitted by law in each state's child labor laws. In addition, appropriate "sign offs" must be obtained by the parent/guardian of each participant and it's important for those providing instruction or serving as camp counselors to have background checks completed. Identify any camper with physical limitations to verify proper precautions are taken.

Once the camps are active, the youth are involved in many age appropriate activities such as:

- Physical training (exercise).
- Fire safety and prevention scenarios.
- Learning basic First Aid and CPR.
- Creating fire escape plans.
- Walking through the smoke maze.
- Water games.
- Running obstacle courses.
- Doing a radio search.
- Tying rope & knots.
- Thermal imager training and use.
- Observing a live fire scenario.
- Working with the fire and EMS equipment.
- Tours of 9-1-1 centers

It's helpful for the campers to receive hands on training and experience in what a firefighter does daily by interacting with active firefighters. In addition to learning about fire safety, they find out what to do in an emergency situation, acquire basic first aid skills and learn more about the tools and equipment used by firefighters. One of the biggest parts of camp is teamwork. Successful camps include lessons in team building and leadership. Having a successful outcome as a firefighter requires well-rounded team skills. These programs typically conclude with an awards ceremony that parents/guardians are encouraged to attend and, in some cases, demonstrations are provided by the campers.



Middletown PA Fire Company Fire/Rescue staff demonstrates auto extrication for the campers. (Credit: Middletown Fire Company)

Most organizations charge a small fee to cover the expenses of this program, similar to other summer camps. The fee typically includes a t-shirt or two for the participant to wear during the camp, a hat and may include lunch.

The camps are designed to be educational, fun and safe. Chief Chip Lillie of the Middletown Volunteer Fire Company in Middletown, Delaware County, PA, indicated the key to success in his camp was using qualified “younger” college and high school age members to work with the participants, moving them through the activities. They formed a bond. One parent of a program remarked “My son had a great time and understands what firefighters do and why, while learning about volunteering.”

From a chief officer and administrator standpoint, an important part of developing a successful camp is taking the right risk management precautions and assuring insurance protection is in place. Consider the following:

1. Activities are consistent with state child labor law provisions and camp related requirements.
2. If affiliated with a municipal park and recreation program, verify the previously mentioned items are addressed.
3. Complete and review permission and restriction forms.
  - a. Registration.
  - b. Health Form.
  - c. Media Release.
  - d. Rules and Regulation sign off/acknowledgement.
4. Have sufficient counselors (male and female) for the number of participants with supervision 100 percent of the time.
5. Have a safety officer assigned to ALL activities.
6. Have fun!

Chief Lillie noted, “Hopefully we see these campers back in the future, as firefighters. That is the real goal.”

## Consider the following for a junior firefighter program:

- Develop sexual harassment/abuse policies for adult program advisors, general department membership and junior members that are strictly enforced and include:
  - Clear definitions of what constitutes as sexual harassment/abuse and prohibited activities.
  - Defined procedures for reporting violations and protecting confidentiality.
  - Mandated and documented training.
  - A provision for parents and/or legal guardians to be informed.
  - A signed acknowledgement for receipt and understanding of the policy.
- Policies regarding age and gender mix among both junior members and advisors may include:
  - Provisions and/or restrictions on minimum/maximum number of adults vs. juniors permitted during activities.
  - Minimize one-on-one contact in isolation between adults and youth.
  - One-on-one activities such as counseling should not be performed in seclusion. Provisions may be made for privacy but conduct the meeting in full view of others.
  - Use caution in allowing situations to arise where there is one-on-one gender mix between adults and juniors.
  - Avoid one-on-one and mixed gender sleeping arrangements with adults and/or youth by offering separate facilities whenever possible.
- Include safe and confidential reporting provisions of incidents or actions for the junior member to both an advisor and non-advisor that may include:
  - The junior member or organization reserves the right to utilize outside third parties to help resolve any allegations.
  - A commitment statement by the emergency service organization (ESO) indicating they are committed to providing a safe environment for the junior members and are equally committed to conducting prompt, thorough and fair internal investigations of all complaints of work-related wrongdoings.
  - Junior members are not required to confront person(s) involved in alleged incidents.
  - Any person named in the complaint shall not be part of the investigative team. Neutral persons within the organization will be designated to handle internal investigations.



The author provides members of the Upper Merion Fire Camp with information on the equipment in the Chief's command vehicle of the King of Prussia PA Fire Company (Credit: Bill Daywalt, UM Township Deputy Fire Marshal)

**The following documents are provided as examples/samples.  
They are for you to create your own documents for use.  
Edit them to meet your needs.**

**SAMPLE MEDIA/PHOTO RELEASE AUTHORIZATION**

Insert Department Name Here  
Insert Department Address Here  
Insert Department Phone Here

**Media/Photo Release Authorization**

As a parent/guardian of a child/children enrolled in the \_\_\_\_\_ Fire Camp or Junior Fire Academy, I understand and agree to the following conditions:

1. Members of various news media outlets may be on site at our camp from time to time for the purpose of recording and reporting to the general public on the success of our program. This may include newspaper, radio, and television.
2. The Fire Department will be taking photographs during the week, which may be used on our official \_\_\_\_\_ Web site or other promotional outlets.
3. Participants under the age of 18 will only be identified to the media and general public by their first names unless direct contact has been made with the parent/guardian at the time of the event.
4. The \_\_\_\_\_ has a Department of Communications. Employees of that department may attend the camp or portions of the camp to record camp activities on professional grade photographic and television recording equipment for future use by the county.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **SAMPLE PROGRAM FLYER – Pages 6 - 7**

Insert Department Name Here or place on letterhead

Dear Parent or Guardian,

Fire Camp and Junior Fire Academy are free full-day local camps that run Monday through Friday. The camps are dedicated to exposing school age kids to what it is like to be a firefighter with the \_\_\_\_\_ Fire Department. These camps are a great opportunity for firefighters to help kids build a sense of teamwork and responsibility. We accept applications for Fire Camp from children who are going into sixth grade in August 20\_\_ and for Junior Fire Academy from children who are going into seventh and eighth grade in August 20\_\_.

These camps are designed to be fun, challenging, entertaining and educational; all at the same time. We want the children to learn safety lessons about things around their homes and schools that they encounter every day. They will have short periods of lectures and lessons each day followed by opportunities to actively participate in exercises designed to reinforce what they have been taught.

Their lessons and activities will center on the day and life of a firefighter and fire and life safety issues, but will also branch out to cover CPR, search and rescue and many other interesting topics. Attendees will be divided into teams of four, which will operate as a “fire company” for all of their activities. Each child will get the opportunity to be the “company officer” for a day. Leadership principles will be taught to each child directly and indirectly.

### **MEDICAL/MEDICATIONS**

We have trained medical personnel for our department at the level of Emergency Medical Technician– Basic up to Paramedic. We will not be able to administer any medication to your child that is not provided by the parent in its original container with dosage specified. Children will not be allowed to keep medication of any type in their possession. Our medic will administer all medications as needed and as specified on the prescription label. In cases of injury or illness that are serious enough to warrant under our operational medical director’s protocols, your child’s status would be changed from “camper” to “patient” and could result in a transport to a hospital emergency room. Every attempt will be made to reach the parent/guardian prior to medical assistance being provided.

### **DRESS CODE**

You should dress your child according to the weather forecast for the day. Long pants are preferred since we will be doing some crawling. Although we do our best to control the temperature in the training room where classes are held, the room at times can be cold. If your child is cold natured please send a light weight jacket with them. A camp T-shirt is provided on the first day. Many children will wear the T-shirt on Monday for pictures then again at the closing ceremony on Friday. Closed-toe shoes and socks are required at all times.

In order for any child to attend camp he or she will have to rely on you or another adult for daily transportation. Therefore, there is some time involved on your part. The hours for camp are as follows:

**MONDAY – FRIDAY from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.**

**Campers may be dropped off at camp location after \_\_\_\_\_ a.m. and must be picked up by \_\_\_\_\_ p.m.**

Lunch will be provided, but please make sure campers have a good breakfast since we will be doing a lot of physical activity.

On behalf of the \_\_\_\_\_ Fire Department, we thank you for your interest in the Fire Camp and Junior Fire Academy and hope that your child will have a fun and positive learning experience.

Sincerely,  
Your Department Name

For additional information or to apply, please contact the \_\_\_\_\_ at \_\_\_\_\_

There are portions of the class that require physical effort in simulated firefighting operations as well as classroom training in fire safety and prevention. Will your child be willing and able to participate in both aspects?

\_\_\_\_\_

Please feel free to make any additional comments here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a second sheet of paper if you need more room to finish.

**TERMS OF ENROLLMENT**

- ❖ Candidates will adhere to the Department’s Rules and Regulations or will be **dismissed without review**.
- ❖ Candidates should not bring any valuables to the program, including toys, radios, jewelry, money, etc.
- ❖ **Cell Phones** are not permitted in camp. A phone is available for necessary calls.
- ❖ \_\_\_\_\_ Fire Department is **NOT** responsible for lost items. Staff has been instructed **NOT** to safe keep any candidate’s possessions.
- ❖ Candidates should wear **closed-toed sneakers** every day (no sandals).
- ❖ Candidates should wear **work clothes including jeans** (appropriate for the weather).
- ❖ **Shorts** may be worn for morning workout, but not in lieu of proper work clothing for evolutions.
- ❖ Candidate should bring **appropriate clothing to get wet in and bring a towel for the end of every day**.

Fire Camp and Junior Fire Academy will be held at the \_\_\_\_\_. Hours are \_\_\_\_\_ a.m. – \_\_\_\_\_ p.m. Early drop-off hours are from \_\_\_\_\_ – \_\_\_\_\_ a.m. Late pick-up hours are from \_\_\_\_\_ – \_\_\_\_\_ p.m. Campers must be picked up **by \_\_\_\_\_ p.m.**

**SAMPLE APPLICATION – Pages 8 - 14**

**FIRE CAMP & JUNIOR FIRE ACADEMY APPLICATION 20\_\_**

**FIRE CAMP DATES: \_\_\_\_\_ (RISING 6TH GRADERS)**

**JUNIOR FIRE ACADEMY DATES: \_\_\_\_\_ (RISING 7TH & 8TH GRADERS)**

**CAMP HOURS: \_\_\_\_\_**

Please fax your completed application to \_\_\_\_\_ or mail or drop it off at the \_\_\_\_\_  
\_\_\_\_\_ Attention: \_\_\_\_\_

Applicant's Name: _____ Age: _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Email Address: _____
Grade Entering August 201__ School: _____

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
NAME TELEPHONE

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

Please list all health concerns, limitations or restrictions, and medications for your child:

\_\_\_\_\_

Only the following people may pick my child up from Fire Camp or Junior Fire Academy:

\_\_\_\_\_

Attendance is required for all portions of the 5-day camp. Will you commit to attending the entire program?

YES  NO

Fee \$ \_\_\_\_\_ include with application

T-Shirt Size:  Youth Medium  Adult Medium  
 Youth Large  Adult Large  
 Youth X-Large  Adult X-Large

**EMERGENCY MEDICAL AUTHORIZATION:**

As parent or legal guardian of \_\_\_\_\_, I furthermore give permission to \_\_\_\_\_ and its employees and volunteers to obtain emergency medical treatment for my child(ren) or the child(ren) over whom I have legal custody, each of whom is listed above.

I understand that all reasonable effort will be made to contact me prior to seeking medical care for the child(ren) listed above. If I cannot be reached, the county will exercise reasonable judgment in seeking medical treatment for my child.

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

**MINOR CHILD RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT FOR PARTICIPATION IN THE FIRE CAMP OR JUNIOR FIRE ACADEMY PROGRAM SPONSORED BY**

I understand that there are certain risks involved with participating in the activity identified above. On behalf of my minor child identified below, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS \_\_\_\_\_, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS, AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from any incident which may occur to my minor child as a result of my minor child's participating in the County's activities. This RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death or damage is caused by the willful, reckless or gross negligence of \_\_\_\_\_, its officers, agents, volunteers, assistants or employees.

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent of guardian

\_\_\_\_\_  
Printed name of parent or guardian

\_\_\_\_\_  
Printed name of minor child

**PHOTOGRAPH RELEASE**

To more effectively promote programs and activities sponsored by \_\_\_\_\_, the \_\_\_\_\_ seeks the permission of program and activity participants to photograph the participants and their child/children/ward(s) participating in county programs and activities. Please complete the following section:

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, permit \_\_\_\_\_ to take and use photographs of me and/or my child/children/ward(s) for the purpose of promoting \_\_\_\_\_ programs and activities. This includes permission to publish photographs of me and/or my child/children/ward(s) for such purpose. I understand that such photographs of me and/or my child/children/ward(s) remain the property of \_\_\_\_\_.

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

<b>Health History Form Junior Firefighter Camp</b>	Please return this form with event registration and provide any changes to this form to event health personnel upon participant's arrival. Provide complete information so that the staff can be aware of your needs.
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Name: \_\_\_\_\_

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

Gender:  Male  Female      Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_      Age at event: \_\_\_\_\_

**Custodial parent/guardian** \_\_\_\_\_ Phone: \_\_\_\_\_

Home address (if different from above): \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

**Second parent or guardian or emergency contact:** \_\_\_\_\_

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

If not available in an emergency, notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Address: \_\_\_\_\_

**Insurance information:** Is the participant covered by family medical/hospital insurance?  Yes  No

If so, indicate carrier or plan name: \_\_\_\_\_ Group # \_\_\_\_\_

Insurance carrier address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Allergies:** List all known. Describe reaction and management of the reaction.

Medication allergies (list)      Food allergies (list)      Other allergies (list) include insect stings, hay fever, asthma, animal dander etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does not eat:  Red Meat  Pork  Dairy Products  Seafood  Eggs  Other (describe) \_\_\_\_\_

**Important – This section must be completed for child to attend.**

**Permission:** My child  has my permission  does not have my permission to attend  
 has my permission  does not have my permission to participate in swimming  
 Should not participate in the following activities \_\_\_\_\_

I understand that while all reasonable efforts will be made to provide a safe environment, certain risks are involved. I understand the \_\_\_\_\_, officers, employees, and agents are not liable in case of accidental injury or illness. I hereby further understand that in case of serious injury or illness, I will be notified. If it is impossible to contact me, I hereby give permission for emergency treatment or surgery as the attending physician recommends. This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/ my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

I also understand and agree to abide by any restrictions placed on my participation in camp of activities.

Signature of camper/staffer: \_\_\_\_\_ Date: \_\_\_\_\_

**Medications Being Taken:**

Please list **ALL** medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time of this event. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person **takes NO** medications on a routine basis. OR  This person **takes medications** as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_ Reason for taking \_\_\_\_\_  
 Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_ Reason for taking \_\_\_\_\_

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer.

**General Questions:** (Explain "yes" answers below.)

	Yes	No		Yes	No
Has/does the participant					
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with joints (e.g. knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance being brought to the Event?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (e.g. itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passes out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	25. If female, have an abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	27. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>			
15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any "yes" answers, noting the number of the questions.

# \_\_\_\_\_  
 # \_\_\_\_\_

Use this space to provide any additional information about the participants behavior and physical, emotional, or mental health about which the camp should know.

\_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of family dentist/orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Which of the following has the participant had?

Please give all dates of immunization

Vaccine:	Dates	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
<input type="checkbox"/> Measles	<input type="checkbox"/> Diphtheria	_____	_____	_____	_____	_____	_____
		-	-	-	-	-	-
<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Pertussis	_____	_____	_____	_____	_____	_____
		-	-	-	-	-	-
<input type="checkbox"/> German Measles	<input type="checkbox"/> Tetanus	_____	_____	_____	_____	_____	_____
		-	-	-	-	-	-
<input type="checkbox"/> Mumps	<input type="checkbox"/> Polio	_____	_____	_____	_____	_____	_____
		-	-	-	-	-	-
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Typhoid	_____	_____	_____	_____	_____	_____
		-	-	-	-	-	-
<input type="checkbox"/> Hepatitis B							
<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> TB Mantoux Test						

Date of last test: \_\_\_\_\_  
 Positive  Negative

**Screening Record (for staff use only)** Screened by: \_\_\_\_\_

Date screened: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM Updates/additions to health history noted:  Yes  No  None required

Meds Received: \_\_\_\_\_

Current health needs identified: \_\_\_\_\_

Observational notes: \_\_\_\_\_

### Junior Firefighter Camp Rules

1. No one may leave camp without permission. If you leave, written permission is required.
2. No alcohol, firecrackers, weapons, tobacco or drugs are permitted in camp. Check medications with health personnel. Violators will be sent home without refund.
3. All campers will be at their assigned location at all times.
4. Campers who bring a car to camp must leave it parked during camp.
5. Campers are not permitted in others' belongings.
6. Campers will be charged for the cost of any physical facility and/or resource damage for which they are responsible.
7. Campers are not permitted to have cell phones in camp. A phone is available for necessary calls.
8. Campers shall follow all health and safety regulations.
9. \_\_\_\_\_ are not responsible for loss, theft, or damage of personal items brought to camp. **Please leave valuable items at home.**
10. Programs and activities offered by the \_\_\_\_\_ are available to all persons without regard to race, color, sex, disability, religion, age, veteran status, political beliefs, sexual orientation, national origin, and marital or family status.

## **Camp Goals**

**LEADERSHIP** - Campers develop leadership skills and receive encouragement from their parents, peers and professionals to become engaged members of their communities.

**TRAINING** - Campers acquire insight and interest in becoming long-term members of the emergency services field.

**COMMITMENT** - Campers gain an increased awareness for volunteering and supporting the fire/emergency services.

**SUPPORT** - Campers become trained junior firefighters who can aid departments in accomplishing non-emergency tasks.

**CAMARADERIE** - Campers make new friends and create peer groups with people from various states, interest areas and backgrounds.

**FUN** - Campers enjoy leisure activities like sports and swimming.

## **Learn what it takes to be a firefighter**

Interested in learning more about firefighting and emergency medical services?

Junior Firefighter Camp provides training from professional and volunteer firefighters in the areas of:

- CPR and First Aid
- Hoseline Operations
- Fireground Operations
- Ground and Aerial Ladders
- Leadership and Team-Building
- Self-Contained Breathing Apparatus
- Personal Protective Equipment
- Vehicle Extrication and Vehicle Fires
- Aircraft Rescue Firefighting
- Wilderness Search and Rescue
- Wildland Firefighting
- Rope Rescue

## **Camp Requirements and Registration**

**Registration Deadline:** \_\_\_\_\_ **Ages:** 14 – 17

**Price:** \$ \_\_\_\_\_

Includes meals, lodging, and six required camp t-shirts.

**Scholarship Availability:** Scholarships will be offered to a select few who qualify. Please contact the \_\_\_\_\_ for details.

### **Necessary Equipment:**

- NFPA 1971 Compliant Gear (includes: helmet, hood, coat, pants, gloves, and boots)
- NFPA 1981 Compliant SCBA with face piece
- Cotton clothing including pants, shorts and t-shirts.

### **Returning Campers:**

Returning campers will be placed in the Advanced Training Group and learn skills relative to his/her experience.

## Resources

Implementing Junior Member Programs communique.

<http://www.vfis.com/documents/ImplementingJuniorMemberProgramsCommunique.pdf>

2013. West Virginia University State Fire Academy. <http://fireservice.ext.wvu.edu/>

2013. Middletown Township PA Fire Company. <http://www.middletownfirecompany.com/>

