

Kamloops Fire Zone
Junior Fire Crew Workshop



Application Package

April 25 - 27, 2019

8:00am – 5:30pm each day



SCHOOL DISTRICT NO. 73
(Kamloops-Thompson)



Junior Fire Crew Workshop

Introductory Letter

This program is designed for the participation of 6-12 high school students aged 16 to 18 years, as of **April 24th, 2019**, who are interested in firefighting or the forest service as a possible future career.

This year's Junior Fire Crew Workshop will be held in Kamloops from **April 25-27, 2019**. **The hours are 8:00am – 5:30pm each day.**

The students that successfully complete each phase of the selection process will attend the workshop and experience a variety of activities that a fire crew trainee would experience but in a capsulated format. Students will receive instruction and lectures in fire suppression, communication, teamwork, physical training and a variety of other topics. They will be required to work in a team and partake in all of the planned activities.

Students will need to provide their own footwear – a sturdy pair of outdoor / hiking boots. Meals, safety equipment and all other necessary materials will be supplied. There will be a tuition cost of \$60.00 per student.

***Workshop expectations will be discussed at a mandatory student / caregiver orientation on April 18th (time TBA), any student not complying with these expectations will be dismissed from the program.**

***Students are also required to pass a mandatory fitness test on April 11th (time TBA)**

This academy is an excellent learning experience but will be extremely challenging, both mentally and physically. If you have any questions, please contact:

- your school's Trades and Transitions Coordinator
- Robert Wielgoz, District Vice-Principal – Trades and Transitions
School District No. 73 (Kamloops-Thompson)
Phone: 250-320-4091
- Rick Kienlein, Director of Instruction – Secondary Education and Learning Services
School District No. 73 (Kamloops-Thompson)
Phone: 250-374-0679

Thank you for participating.



Kamloops Fire Zone Junior Fire Crew Workshop Application Package



April 25 – 27, 2019 (Each day 8:00am – 5:30pm)

Last Name **First Name**

School

In order to qualify for the Junior Fire Crew Workshop, the following application steps must be completed. Only complete applications will be accepted, any incomplete applications will be returned to the sender.

<input type="checkbox"/> TNT Coordinator Statement of Recommendation <i>(below)</i> <input type="checkbox"/> Application Form <i>(included)</i> <input type="checkbox"/> Medical Questionnaire <i>(included)</i> <input type="checkbox"/> Teacher Statement of Recommendation <i>(included)</i> <input type="checkbox"/> Parent/Guardian Permission and Liability Waiver <i>(included)</i> <input type="checkbox"/> SD No. 73 Student High Risk Field Trip Form <i>(included)</i> <input type="checkbox"/> Media Release Form <i>(included)</i> <input type="checkbox"/> Kids Plus Accident Insurance Enrollment Form <i>(cost included in the application fee)</i>	<input type="checkbox"/> One (1) letter of reference from a community member <i>(cannot be family)</i> <input type="checkbox"/> Minimum one-page hand written personal letter in support of this application showing commitment to completing the program <input type="checkbox"/> High School Transcript <input type="checkbox"/> Resume with names of three (3) references <input type="checkbox"/> High School Attendance Record <input type="checkbox"/> High School Discipline Record <i>(If NIL please initial _____)</i> <input type="checkbox"/> \$60.00 Fee – In District Students <i>(Cheque payable to School District No. 73)</i>
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TNT Coordinator Statement of Recommendation

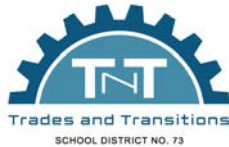
Please agree and check the following statements.

- I have read over and attest to the completion of this application.
- I have read the discipline record and reviewed it with the Principal if there are any issues.
(If no discipline, I have initialed the checklist above)
- I recommend this student for the Junior Fire Crew Workshop.

TNT Coordinator Name

Phone Number **Email**

Date / Time **Signature**



Junior Fire Crew Workshop

Application Form

(Please Print Clearly)



SCHOOL INFORMATION:

School Name _____ School District No _____ Grade _____

School Contact _____ Telephone _____

PERSONAL INFORMATION:

Name _____
(Last Name) (First Name) (Middle Name)

Address _____ City _____

Phone Number _____ Postal Code _____

Date of Birth (yyyy-mm-dd) _____ Age _____ SEX M F

Height _____ Weight _____ Care Card # _____

E-Mail _____

T-Shirt Size XS S M L XL XXL

EMERGENCY INFORMATION:

Family Doctor _____ Phone _____

Address _____

Mother's Name _____

Phone (home) _____ (work) _____

Address _____ City _____

Father's Name _____

Phone (home) _____ (work) _____

Address _____ City _____

Emergency Contact Person _____

Address _____ City _____

Application Form – Continued

Please list your hobbies and/or interests:

Please list any special skills/experience:

Please describe any volunteer work that you have done:

Organization:	Duties:

Please list courses or lectures you have taken to further your interest in firefighting / forest firefighting:

Why do you wish to take part in this program?

In your own handwriting, explain your view of the role of the forest service in society (*add another page if necessary*):



Junior Fire Crew Workshop Medical Questionnaire

Applicant Name

School District

PLEASE READ THE FOLLOWING CAREFULLY:

Forest Fire Fighters must maintain a high level of fitness to perform their duties effectively and professionally. At the Junior Fire Crew Workshop you will be expected to be in good condition and **injury free**.

The physical components of the Junior Fire Crew Workshop include a conditioning program, participation in team sport games, and simulations of fire suppression scenarios.

The students will be exposed to a simulated physical ability requirement evaluation, which is currently required for Fire Crew entry. This is a physically rigorous test. Completion of this test requires participants to perform at near maximum heart rates, challenge upper body strength, muscular endurance and coordination skills.

It is the recommendation of the Junior Fire Crew Workshop to undergo a medical examination by a physician if the applicant or the guardians have any concerns.

Read and honestly answer each of the following questions. Any information regarding injuries must be volunteered. **If it is not, and the injury surfaces during the activities at the Junior Fire Crew Workshop, the student may be expelled.**

1. List any injuries or illnesses affecting physical activity.

2. Have you been under a doctor's care for any reason within the preceding two (2) years? No Yes If yes, explain:

3. Do you have a bone or joint problem that could be aggravated by physical activity? No Yes If yes, explain:

4. Do you feel pain in your chest while you exercise physically? No Yes If yes, explain:

5. Do you experience dizziness, shortness of breath, or do you ever lose consciousness? No Yes If yes, explain:

6. Are you currently on medication, including but not limited to epipens / allergy medication? No Yes If yes, explain:

7. Please list any dietary restrictions below:

Applicant Signature

Parent/Guardian Signature



Junior Fire Crew Workshop

Teacher Statement of Recommendation

Thank you for completing the Teacher Statement of Recommendation regarding the student named below. The information on this reference will be used to determine candidates for the Junior Fire Crew Workshop. A quality response to the general comments section is also important.

Student Name		School	
Teacher Name		Teacher Phone	
Subject		Teacher Email	
Signature		Date	

	POOR TO EXCELLENT				
	1	2	3	4	5
Attendance / Punctuality Comments:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work Ethic Comments:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attitude Comments:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative / Motivation Comments:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Skills Comments:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Comments:					



Junior Fire Crew Workshop Parents/Guardians Permission and Liability Waiver

Applicant Name

School District

I, _____, the guardian/parent of _____ hereby give permission for _____ to participate in the KAMLOOPS JUNIOR FIRE CREW WORKSHOP work experience program. I understand he/she will be involved in a variety of activities, including observing demonstrations of actual fires being suppressed. I understand that he/she will be required to provide his/her own transportation to the site. I further acknowledge that some physical activity will be involved and state that _____ is in good physical condition and is capable of participating in strenuous physical activity. I also understand that a medical examination is recommended but not required, to ensure that he/she will be capable of participating in the physical activities.

Further, the undersigned agrees to assume all risks of participating in the KAMLOOPS JUNIOR FIRE CREW WORKSHOP and does hereby remise, release, and forever discharge the BRITISH COLUMBIA WILDFIRE SERVICE, its servants and agents, from any and all manner of actions, debts, claims and demands, that said undersigned may have any reason of any manner arising out of the said activities organized by the BRITISH COLUMBIA WILDFIRE SERVICE, KAMLOOPS during the KAMLOOPS JUNIOR FIRE CREW WORKSHOP.

In witness whereof I have set my hand this _____ day of _____, 20____ at the City of _____, Province of British Columbia.

Witness

Applicant Signature

Witness

Parent/Guardian Signature

School District No. 73 (Kamloops-Thompson)
HIGHER RISK SECONDARY FIELD TRIP
INFORMATION & CONSENT FORM

(Principal's approval: 
(Please return before: **April 8, 2019**)

Activity: Kamloops SD73/ Junior Fire Crew Workshop

Teacher's Name: R. Kienlein

Location: Kamloops Wildfire Center

Date(s): April 25-27, 2019

Time (s): Departure from school: N/A

Arrival back at school: N/A

Overview Itinerary for the Field Trip Program: Three (3) Day On-Site Junior Fire Crew Workshop 8:00am – 5:30pm each day

Transportation:

- Walking to and from the activity
 Driven in private vehicle

- Transported by school bus
 Drivers required

(Volunteer drivers must be at least 21 yrs old & have at least \$1,000,000.00 liability insurance. There must be a seatbelt for each child & no air bag on front passenger side unless the passenger is 12 yrs of age or older. Drivers must have completed a SD#73 volunteer driver form.)

Parent Helpers Required: Yes No

Lunch Required: Yes No

Fee To Be Paid: Yes No

Amount required: **\$60.00** (payable to SD No. 73)

PERMISSION SLIP

The following statement must be signed by the parent/guardian for students participating in Higher Risk Field Trips:

I am aware and understand that participation in the Higher Risk Field Trip involves certain inherent risks, dangers and hazards which may result in serious personal injury or death or other loss or damage to property. I am aware that downhill skiing, Nordic track skiing, snowboarding and snowblading, ice skating, road cycling, mountain biking, adventure hiking, canoeing, kayaking, swimming in natural settings, wilderness orienteering and residential camping are dangerous activities and that in addition to the usual risks inherent in these activities, certain additional dangers and risks including, but not limited to, varying snow, ice and visibility conditions and the danger and risk of collision with natural and man-made objects. For International travel, I have been informed that the Higher Risk Field Trip may become a dangerous activity due to global unrest. Further I agree that there may be other risks not known to me or not reasonably foreseeable at this time. I release and agree to indemnify and hold harmless the Board of School Trustees of School District No. 73 (Kamloops/Thompson) "the Board", its employees and agents ("the Releasees"). From any loss, claim, or demand for any and all negligence arising as a result of the Student's involvement or participation in the Higher Risk Field Trip except where such negligence is caused by the Releasees. I understand and accept that the Board and its employees and agents may at any time cancel the Higher Risk Field Trip for appropriate reasons including travel advisories indicating international air travel is unsafe or the destination is unsafe. Accordingly, I agree to waive any and all claims against the Board, its employees and agents for any monetary loss arising from the cancellation of the Higher Risk Field Trip. I understand that during the Higher Risk Field Trip the Student may incur additional unforeseen financial expenses required for reasons of safety and I agree to waive and reimburse for any and all claims against the Board, its employees and agents for any such expenses that are reasonably required. Both my son/daughter and I understand that Board Policy #240 "Student Behaviour – Discipline" applies on all field trips. The use of alcohol or drugs and or inappropriate student conduct may result in suspension from school. Students engaging in these behaviours are liable to be sent home at their families' expense.

I have read and am informed about the proposed field trip for the **Kamloops SD73/ Junior Fire Crew Workshop which will be held at the Kamloops Wildfire Center from April 25-27, 2019**. I request that my child _____ participate in this trip. I understand there is a cost involved and have enclosed \$ 60.00 with this form. I, the undersigned parent or guardian of the above named student, request that my son/daughter be allowed to participate in the trip.

Note any medical conditions or medication the staff or supervisors should be aware of: _____

Please supply the school with: Family Physician, Care Card Number and Emergency Numbers if they are not already on file.

Parent/Guardian Signature: _____ Phone: _____ Cell: _____

Teacher/Office Use Only: Fee for Field Trip Received: Yes No Amount: _____ Initials: _____



Junior Fire Crew Workshop

Media Release Form

(Please print)

I, _____, Parent/Guardian of _____,

hereby give my permission and consent to having my son/daughter's photo taken for program publicity and media relations during the Junior Fire Crew Workshop.

Media coverage of this event could include your child's photo, name, and his/her comments.

This information could show up on BC Wildfire Service advertising or on School District No. 73's website or any of the school's websites.

DATED this _____ day of _____, 20_____.

Student Name (print): _____

Student Signature: _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____



Industrial Alliance Insurance and Financial Services Inc.

KIDS PLUS™ ACCIDENT INSURANCE ENROLMENT FORM

Please complete in full and print

School Board or Name of School (if applicable)

School District No. 73 (Kamloops/Thompson)

CONTACT INFORMATION MUST BE COMPLETED BY A PARENT OR LEGAL GUARDIAN IF ENROLLING A CHILD/CHILDREN

Last Name

First Name

Telephone

Street Address

City

Prov.

Postal Code

Email

Language Preference

English French

Yes, Industrial Alliance may contact me electronically with information regarding its products, promotions and services. (You can withdraw your consent and unsubscribe at anytime by visiting www.kidsplus.ca/unsubscribe.)

DON'T ENROL TWICE! No need to complete if you have submitted your renewal application.

INDIVIDUALS TO BE COVERED THIS AREA MUST BE COMPLETED

Last Name	First Name	Date of Birth (dd-mmm-yyyy)	Age	Sex	Insured Type
				<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Child <input type="radio"/> Adult
				<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Child <input type="radio"/> Adult
				<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Child <input type="radio"/> Adult
				<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Child <input type="radio"/> Adult
				<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Child <input type="radio"/> Adult
				<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Child <input type="radio"/> Adult

PLAN CHOICE THIS AREA MUST BE COMPLETED

INSURED TYPE	ACTIVE PLAN	VALUE PLAN	ADULT PLAN
CHILD (each) [6 months to 19 years of age]	<input checked="" type="radio"/> \$ 33.50	OR <input type="radio"/> \$ 14.50	N/A
THREE OR MORE CHILDREN [6 months to 19 years of age]	<input type="radio"/> \$ 97.00	OR <input type="radio"/> \$ 42.00	N/A
ADULT (each) [20 – 64 years of age]	N/A	N/A	<input type="radio"/> \$ 32.00
Total One-Time Cost	\$ 33.50		

All rates shown are single, one-time premium payment.

Parent Signature: _____

Date: _____