

# BURNABY FIRE DEPARTMENT YOUTH ACADEMY OUTREACH PROGRAM

## OVERVIEW:

- Burnaby high schools students, grade 11 or 12, are invited to experience an introduction to a career as a firefighter.
- A 4 day academy will take place April 29 - May 2 for a maximum of 16 students.

## The objectives for this community outreach program:

The program runs for 4 days, from 8:00am to 3:30pm. If you are selected to participate in the Youth Outreach Academy, you can expect to learn:

- Firefighting skills
- Belay techniques- Technical rescue demonstration
- Fire Hose operations
- Ground Ladders Exercises
- Search and rescue techniques
- The use of self-contained breathing equipment
- Obstacle course simulation
- Fire prevention and lifesaving skills
- CPR (successful graduates receive CPR-C certification)
- The safe use of portable fire extinguishers at home and at work

## Curriculum:

- Introduction to the role the Fire service provides in their community
- Fire Department Structure (Ranks and terminology)
- Leadership
- Radio Procedures
- Firefighting apparatus
- Firefighter tools
- Hose evolutions
- Operating as a Team while advancing hose lines
- Oriented team search
- First aid and CPR training
- Motor Vehicle Accident response and Vehicle extrication
- Ground Ladder deployment
- SCBA training
- Fire ground Survival Obstacle Course

## YOUTH ACADEMY OUTREACH PROGRAM

### ~ STUDENT APPLICATION FORM ~

Please complete this application form and the following documentation legibly, in ink and by hand:

- *City of Burnaby Fire Department (BFD) Parent/Guardian Release of Liability Form*
- *City of Burnaby Fire Department (BFD) Photo/Media Release Form*
- *City of Burnaby Fire Department (BFD) Participant Profile Form*

Send all documents, fully completed and signed to:

*Scanned & Emailed to  
Paul.Arthur@burnabyschools.ca*

OR

*Your School's Career  
Centre*

**Applications must be completed in full, signed where required and received before  
2019 March 14th in order to be considered.**

First (given) name \_\_\_\_\_

Surname \_\_\_\_\_

Date of birth dd/mm/yyyy \_\_\_\_\_

Home address *including postal code* \_\_\_\_\_

Contact telephone number \_\_\_\_\_

E-mail \_\_\_\_\_

School attended \_\_\_\_\_



Burnaby Fire Department is providing this Academy for young persons within the Burnaby Schools system. It is intended to be a challenging and rewarding experience. Tell us what you can offer to, and what you hope to gain from this program.

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Firefighters have to be able to work with others as part of a strong team. Tell us of your experiences working with others, any challenges you faced, and how you dealt with those.

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Firefighters are constantly working to help members of the public. Tell us why you think it is so important to help people we don't even know.

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Firefighters often have to deal with extremely difficult and uncomfortable situations. Tell us how you deal with difficult situations, personal struggles and stress in your life.

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During the course of their duties, Firefighters will be given instructions to do specific tasks a certain way. Do you think it is important for someone to be able to follow instructions? Explain your answer.

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Firefighters are constantly training to maintain the skills they already have and to learn new ones. How important do you think ongoing education & training is? Explain.

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Tell us what you most enjoy about your school life and what about it you like the least.

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We appreciate you applying to be a part of this program. Please use the space below to tell us a little more about yourself for example; your hobbies, memorable experiences, any careers you are considering etc.

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This program will require you to wear appropriate Fire fighter safety gear which will be provided for you. To help us provide you clothing that will fit you, please accurately complete the following sizing information in full – **leave no blank spaces:**

Height: \_\_\_\_\_ Waist: \_\_\_\_\_

Chest: \_\_\_\_\_ Inside leg: \_\_\_\_\_

Shoe/Boot: \_\_\_\_\_ (State Men's/Women's) Waist: \_\_\_\_\_

T-Shirt size [  ] check one: Small [  ] Medium [  ] Large [  ] Extra Large [  ]

**Student's submission:**

I wish to be considered for the 2019 Burnaby Fire Department Youth Outreach Academy. I am ready to accept the challenge, to work hard as part of a team and to help others.

I am aware that participation in the Program will require a certain level of physical health and ability and I accept and bear full responsibility for my physical health and ability to participate in the Program. I understand that the program will at times be physically demanding and if accepted, I will be expected to work to the best of my ability to accomplish tasks while wearing standard Fire fighter turnout gear, helmets, boots and Self-Contained Breathing Apparatus (SCBA).

Sign: \_\_\_\_\_ Print: \_\_\_\_\_

**This Academy takes place during the school time and you must be able to attend every day in full. You must have your school Principal sign the recommendation below:**

**School Principal's Recommendation:**

**I support my student's application for the Burnaby Fire Department Youth Academy Outreach Program from April 29th to May 2nd, 2019.**

Sign: \_\_\_\_\_ Print: \_\_\_\_\_

*This information is for staff use. **The standard response in the event of a medical emergency is to call 9-1-1, then call the parent or guardian.** Information on this form may also be provided to 9-1-1 personnel in the event of an emergency.*

Program: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Season/Year: \_\_\_\_\_ Location: \_\_\_\_\_

Participant Name: \_\_\_\_\_  
First Last

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Year Month Day

Male  Female

Parent/Guardian: \_\_\_\_\_  
First Last

Home Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Language(s): \_\_\_\_\_

Does participant have a life-threatening allergy/condition?  No  Yes

Does participant have an epi-pen?  No  Yes

Does participant require assistance in order to participate in this program?  No  Yes

(Note: Please bring an attendant, caregiver or family member if you require personal care support such as changing, transferring, washroom assistance, or administration of medication.)

Does participant have behaviours that staff should be aware of?  No  Yes

Does participant have a disability?  No  Yes

Is there anything else we need to know about the participant?  No  Yes

(for example: any medical conditions, dietary restrictions, general allergies, fears, etc.)

**Please Note:** This information helps staff determine if we can safely accommodate the participant in our program. If you have indicated "Yes" to any of the above questions, **you must speak with staff before your child can participate in the program.** Next step: Complete the Program Support Package.

**PICK-UP AUTHORIZATION:** The following people are authorized to pick up the participant in the event of an emergency or in my absence.

|                                      |                             |                 |
|--------------------------------------|-----------------------------|-----------------|
| _____                                | _____                       | _____           |
| _____                                | _____                       | _____           |
| _____                                | _____                       | _____           |
| Authorized Persons First & Last Name | Relationship to Participant | Contact Phone # |

**SIGN IN AND OUT** (For school aged children; not applicable for those in Preschool/Kindergarten)

My child is permitted to:

Sign themselves **IN** the program  No  Yes Sign **OUT** and leave unaccompanied at the end of camp  No  Yes

**EMERGENCY CONTACT:**

Name of Emergency Contact(s): \_\_\_\_\_  
First Last

Relationship to participant: \_\_\_\_\_ Phone: \_\_\_\_\_

*I understand that I am responsible for immediately notifying the staff/supervisor of changes to this information.*

Signature of participant (19 years & older) or parent/guardian/caregiver \_\_\_\_\_ Date \_\_\_\_\_



(Minor Participants)



**BURNABY FIRE DEPARTMENT  
YOUTH OUTREACH ACADEMY PROGRAM**

**~ INFORMED CONSENT WAIVER, RELEASE, AND INDEMNITY ~**  
*(Read Carefully Before Signing)*

**BETWEEN:** The City of Burnaby (the “City”)

**AND:** \_\_\_\_\_  
(Parent and/or Legal Guardian)

This form must be properly completed and executed by the parent or legal guardian of all participants that are under the age of nineteen (19) years at the date of signing.

**NOTICE TO PARENT AND/OR LEGAL GUARDIAN**

The City of Burnaby requires execution of this document by a parent or legal guardian as a reminder and confirmation of their duty to inform themselves of the risks normal to the activity they have chosen for the child participant and of their responsibility to carefully consider those risks against their personal knowledge of the ability and experience of the child. This is for the protection of the child enrolled, other participants and the City.

**PARTICIPANT NAME:** \_\_\_\_\_ (the “Participant”)

**I, THE UNDERSIGNED,** parent and/or legal guardian of the Participant hereby acknowledge that I have informed myself to my own satisfaction of the risks associated with or inherent in the Burnaby Fire Department’s Youth Outreach Academy Program (the “Program”). **I consent** to participation by the Participant in all aspects of the Program and further agree as follows:

**PARENT AND/OR LEGAL GUARDIAN TO INDEMNIFY AND SAVE HARMLESS:**

That in consideration of the City permitting the Participant to take part in the Program, I hereby agree to indemnify and save harmless the City and its officers, officials, employees, servants, agents, contractors, committees, subcommittees, instructors, volunteers, co-sponsoring organizations, or any other City representatives from any claims, demands, and causes of action that may arise out of participation by the Participant in the Program.

**PARENT AND/OR LEGAL GUARDIAN TO RELEASE AND WAIVE CLAIMS:**

That on behalf of myself, my heirs, administrators and assigns, I hereby release, waive, and forever discharge the City and its officers, officials, employees, servants, agents, contractors, committees, subcommittees, instructors, volunteers, co-sponsoring organizations, or any other City representatives from all claims, costs, causes of action, or demands that may arise out of participation by the Participant in the Program, including without limitation, any incident, accident, or other occurrence that may result in personal or bodily injury, loss of life, property loss, or any other damages.

**DATED THIS** \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Reviewed for Completeness by DFC BFD)

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_



**Photo/Audio/Video Release**

Event or Program: **BFD Youth Outreach Academy**

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

Photographer/Videographer: \_\_\_\_\_

I, \_\_\_\_\_ hereby grant the City of Burnaby, its representatives and employees the right to take photographs, video and/or audio recordings of me. I authorize the City of Burnaby to use, and publish the same in whole or in part for any lawful purpose, including such purposes as publicity, advertising, promotion, editorial, web content, public displays and exhibitions.

I agree that no compensation will be asked for now or in the future for the use of the photographs, video and/or audio recordings.

I hereby release and discharge the City of Burnaby from any and all claims and demands arising out of or in connection with the use of the photographs, video and/or audio recordings including without limitation any and all claims for libel or violation of any right of publicity or privacy.

**I have read and understand the above:**

\_\_\_\_\_  
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

**If individual named above is 18 years and under:**

I am the parent/legal guardian of the individual named above. I have read this release and approve of its terms.

\_\_\_\_\_  
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

4867 Sperling Ave., Burnaby, BC V5E 2S9 Ph: 604-294-7195 Fax 604-294-0490 [fire@burnaby.ca](mailto:fire@burnaby.ca) website: [www.burnaby.ca](http://www.burnaby.ca)

Personal Information is collected and used under the authority of the Freedom of Information and Protection of Privacy Act s. 26 (c) for the purpose of administering City of Burnaby Fire Department programs. For more information, contact the Admin Office 604-294-7195.