

Linn County Young Women's Fire Academy 2023



"To provide opportunities for young women to learn about the fire service from the women of the fire service."

Hello candidate! Welcome the Linn County Young Women's Academy!

Thank you for showing interest in the Young Women's Fire Academy. Here at the Academy, it is our goal to create a fun, interactive, supportive, inspiring atmosphere for **YOU** to learn about the ins and outs of the fire service. *If you will be 16 to 19 years old on July 8th and live in the state of Oregon*, you are eligible to apply for one of our limited positions in the 2023 Fire Academy. If you're interested in the fire service, or just want to learn more about it, come and join us. It is *free* to all candidates and will be held on July 8th and 9th from 0830 to 1730 (8:30 am to 5:30 pm) on both days. We have a full list of valuable classes in the making, encompassing the many skills needed to succeed in the fire service, including; fire suppression, emergency medical services, interviewing skills, application and resume advice, vehicle extrication, physical fitness, technical skills, teamwork and leadership skills, and much more.

The Academy is *designed* to be fun, challenging, entertaining, and educational; all at the same time. We want you and all candidates to learn about what it takes to be a firefighter, guide you to meet your goals, and give you the tools to be successful in life. Many of the skills learned in the Academy will transition to whatever career path you decide to pursue.

If the Fire Academy sounds like something you'd be excited to be a part of, *please apply*. In this packet are all the required forms needed for you to get started. Please take the time to carefully read through all documents and fill out the forms that are required. Take note there are special forms for you to fill out if you are under 18, and special forms to fill out if you are 18 and over. Once completed, you'll need to either mail the forms to us or you can bring them in and drop them off Monday through Friday from 0800 to 1630 (8:00 am to 4:30pm) at Lebanon Fire downtown offices in the MBVA building (550 S. Main Street, Lebanon) or at the Halsey Fire Department (740 W 2nd Street, Halsey) **All required documents are due Thursday, April 27th 2023 by 1630 (4:30pm).** You can also email the application to enunes@lebanonfire.com. Incomplete or late application packets will not be accepted.

Required documents are:

- Application
- Fire Academy Rules
- Health History and Emergency Contact Form
- Authorization and Release Statements

Please address or deliver your envelope to:

**Linn County Young Women's Fire Academy
c/o Lebanon Fire District
Attn: Lieutenant Erin Nunes
1050 W. Oak Street
Lebanon, Oregon 97355**

Good luck! We hope to see you this summer!

Linn County Young Women's Fire Academy



Candidate Application

Name: _____ **Date:** _____
First Middle Initial Last

Address: _____
Number and street City State Zip code

Birth date: _____ **Your age on July 8th, 2023:** _____

Email address: _____ **Phone number:** _____

Driver's License: Do you have a valid driver's license or state identification card? Yes No

Driver's license or ID number: _____ State: _____

High School: _____ **GPA:** _____ **Graduation year:** _____

College: _____ **GPA:** _____ **Graduation year:** _____

***Note a poor GPA does NOT exclude you from participating!**

The Young Women's Fire Academy provides a unisex sized T-shirt and personal protective equipment for all who attend. You get to keep the T-shirt! Please fill out your sizes below.

T-shirt size (unisex): _____ Boot size (women's): _____ Height: _____

Please answer all the questions to be considered:

How did you hear about the Young Women's Fire Academy?

What is it about the Fire/Emergency services that interest you?

Are you involved in any volunteer activities? If "yes", please explain.

What sports, hobbies, or other activities are you interested in?

Have you attended anything like this before? (This does not exclude you from participating this year)

Firefighting/Medical experience is NOT required to participate in the Academy, and we encourage applicants to apply regardless of their experience level. However, if you DO have any previous experience, please explain.

What is it you would like to get out of the Young Women's Fire Academy experience?

SHORT ESSAY:

Attach a short essay to this application. Please describe a person in your community or the world, whom you admire. What are the qualities that made you choose this person? How do you hope to develop these qualities in yourself? 100-200 words.

Fire Academy Policies and Terms

All candidates should review this document. If you are under 18, please have your parent or legal guardian review this page.

NOTE TO PARENTS

Have the candidate complete all of the required forms, as this is similar to applying for jobs in the fire service.

MEDICAL/MEDICATIONS

We have trained medical personnel with the Academy at the level of Emergency Medical Technician up to Paramedic. We will not be able to administer any medication to the candidate that is not provided by the parent/legal guardian in its original container with dosage specified. Candidates 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, the candidate's status would be changed from "candidate" 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

Candidates should dress according to the weather forecast for the day. Long pants are advised 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 the candidate is cold natured please send a lightweight jacket with them. A camp T-shirt is provided on the first day. Candidates will wear the T-shirt throughout the course of the camp. Closed-toe shoes and socks are required at all times.

In order for any candidate to attend the Fire Academy, she will have to rely on herself or another adult for daily transportation. If there is enough interest, we may be able to arrange transportation from Lebanon to Halsey. Please email enunes@lebanonfire.com if you are interested.

ACADEMY HOURS

Saturday and Sunday from 0830 to 1730 (8:30 a.m. To 5:30 p.m). Candidates may be dropped off at camp location after 0800 (8:00 a.m.) and must be picked up by 1730 (5:30 p.m).

Breakfast and lunch will be provided. All candidates are encouraged to have a good night's sleep since we will be doing a lot of physical activity.

TERMS OF ENROLLMENT

- Candidates will adhere to the Academy's Rules and Regulations or will be **dismissed without review**.
- Candidates should not bring any valuables to the program, including jewelry, money, tablets etc.
- **Cell phones** are not permitted during academy hands-on skills.
- The Academy is **NOT** responsible for lost items. Staff has been instructed **NOT** to safe keep any candidate's possessions. Things left in the classroom are left at your own risk.
- Candidates should wear **closed-toed sneakers** every day (no sandals).
- Candidates should wear **athletic clothes** (appropriate for the weather).
- **Shorts** are discouraged because the boots can rub your shins raw.
- Candidate should bring **appropriate clothing to get wet in and bring a towel for the end of every day**.

Fire Academy Rules

1. Candidate pledges to attend both days of the Academy, and be open to instruction, learning new things, and participating in all activities.
2. No one under the age of 18 may leave camp without permission. If you leave, written permission is required. If a candidate leaves, they will be sent home.
3. No alcohol, firecrackers, weapons, tobacco or drugs are permitted in camp. Check medications with health personnel. Violators will be sent home.
4. All candidates will be at their assigned location at all times.
5. Candidates who bring a car to camp must leave it parked during the Academy.
6. Candidates are not permitted in others' belongings.
7. Candidates may be charged for the cost of any physical facility and/or resource damage for which they are responsible.
8. Candidates are not permitted to have cell phones on them during the Academy. A phone is available for necessary calls. Photographers will be on site.
9. Candidates shall follow all health and safety regulations.
10. The Young Women's Fire Academy is not responsible for loss, theft, or damage of personal items brought to camp. **Please leave valuable items at home.**
11. Programs and activities offered by the Academy 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.

Signing this form certifies that you've read and accept the rules:

Candidate name: _____ Date: _____

Candidate signature: _____

If the candidate is under 18, have your parent or legal guardian sign below:

Parent/legal guardian's name: _____ Date: _____

Parent/legal guardian's signature: _____

Are you presently 18 or older?

- Yes** - Please read the disclaimer and sign below.
- No** – Please read the disclaimer and sign below, and also have your parent/legal guardian sign as well.

Disclaimer:

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected or my acceptance to the Linn County Young Women's Fire Academy be terminated. In addition, I authorize my/my child's school references to release information as necessary to verify statements of educational achievement.

Further, the Linn County Young Women's Academy is a drug-free program. If the candidate is suspected to be under the influence of alcohol or other mind-altering substances, the candidate and candidate's parent or legal guardian, agree to submit to a drug/alcohol test. Linn County Young Women's Academy reserves the right to deny participation of candidates who are physically or psychologically able to complete tasks in a safe manner.

Candidate's name: _____ **Signature:** _____

The candidate is under 18, and by signing you agree to the disclaimer statement shown above and grant permission to the applicant to apply for the Young Women's Fire Academy. You are also agreeing that all information provided by the candidate is true and complete.

Parent/legal guardian's name: _____ **Signature:** _____

Adult Authorization and Release Statements

Complete only if the candidate is 18 or older

EMERGENCY MEDICAL AUTHORIZATION:

I, _____, furthermore give permission to the Linn County Young Women's Fire Academy (which will be called "the Academy" in this document) and its employees and volunteers to obtain emergency medical treatment for me in accordance to the Academy's policies.

I understand that all reasonable effort will be made to contact my emergency contacts prior to seeking medical care for me. If my emergency contacts cannot be reached, the Academy will exercise reasonable judgment in seeking medical treatment for me.

Signature of candidate

Date: _____

ADULT RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT FOR PARTICIPATION IN THE LINN COUNTY YOUNG WOMEN'S FIRE ACADEMY

I understand that there are certain risks involved with participating in the activity identified by the Academy. On behalf of myself identified below, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS the Academy, 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 myself as a result of me participating in the Academy'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 the Academy, its officers, agents, volunteers, assistants or employees.

Signature of candidate

Date: _____

PHOTOGRAPH RELEASE

To more effectively promote programs and activities sponsored by the Academy, the Academy 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, _____, permit the Academy to take and use photographs of me for the purpose of promoting the Academy's programs and activities. This includes permission to publish photographs of me for such purpose. I understand that such photographs of me will remain the property of the Academy.

Signature of candidate

Date: _____

Printed name of candidate

Minor Authorization and Release Statements

Complete only if the candidate is under 18

EMERGENCY MEDICAL AUTHORIZATION:

As parent or legal guardian of _____, I furthermore give permission to the Linn County Young Women's Fire Academy (which will be called "the Academy" in this document) and its employees and volunteers to obtain emergency medical treatment for my child or the child over whom I have legal custody, of whom is listed above.

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

Signature of parent/legal guardian

Date: _____

MINOR CHILD RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT FOR PARTICIPATION IN THE LINN COUNTY YOUNG WOMEN'S FIRE ACADEMY

I understand that there are certain risks involved with participating in the activity identified by the Academy. On behalf of my minor child identified below, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS the Academy, 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 Academy'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 the Academy, its officers, agents, volunteers, assistants or employees.

Signature of parent/legal guardian

Date: _____

PHOTOGRAPH RELEASE

To more effectively promote programs and activities sponsored by the Academy, the Academy 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 the Academy to take and use photographs of me and/or my child for the purpose of promoting the Academy's programs and activities. This includes permission to publish photographs of me and/or my child for such purpose. I understand that such photographs of me and/or my child remain the property of the Academy.

Signature of parent/legal guardian

Date: _____

Printed name of parent/legal guardian

Printed name of minor child

Health History and Emergency Contact Form

Name: _____

Home Address: _____

Birth date ____/____/____ Age at event: _____

Emergency contact #1: Name: _____

Address: _____ Relationship: _____

Phone: () _____ Cell: () _____

Emergency contact #2: Name: _____

Address: _____ Relationship: _____

Phone: () _____ Cell: () _____

Insurance information: Are you 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)	Dietary restrictions (list)	Other allergies (list) include insect stings, hay fever, asthma, animal dander, etc.

I do not eat (circle all that apply): Red Meat Pork Dairy Products Gluten Other

If other please describe: _____

Important – This section must be completed by the participant to attend.

I understand that while all reasonable efforts will be made to provide a safe environment, certain risks are involved. I understand the Young Women's Fire Academy ("the Academy"), 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, my emergency contact will be notified. If it is impossible to contact one of my emergency contacts, 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 of the Academy's activities except as noted. I hereby give permission to the Academy 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 Academy to arrange necessary related transportation for myself. In the event that one of my emergency contacts 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 myself. This completed form may be photocopied for trips off premises.

Candidate's signature: _____ Date: _____

Parent/legal guardian's signature (if under 18): _____ 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.

take NO medications on a routine basis.

take 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 that participant does/may not take during the summer.

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

Has/does the participant

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

Name of family physician: _____ Phone: _____