Junior Fire Fighter Camp

July 29 - August 2, 2013 Mohawk Valley Community College, Oneida County Fire Chiefs Association, Oneida County VFA and the Utica Fire Department

Make plans to join us for the 2013 camp!

The Junior Fire Fighter Camp provides classroom and practical training to further participants' knowledge, skills, and abilities in firefighting and emergency operations for certification in NFPA 1001, Standard on Firefighter Professional Qualifications.

Goals of this camp include:

- Allowing youth to gain insight and interest in becoming long term members of emergency services.
- Increasing awareness among youth about volunteering and supporting the fire and emergency services
- · Providing departments with additional help in accomplishing non-firefighting or non-emergency tasks
- Developing leadership for America's youth, who are tomorrow's leaders
- Educating parents and mentors on the importance of encouraging volunteerism.

Some instructional topics to be covered include:

- Aircraft Rescue Firefighting
- Fire Apparatus
- Forcible Entry
- Hose Evolutions
- Leadership and Team Building
- Live Fire Training
- Personal Protective Equipment
- Portable Fire Extinguishers
- Self-Contained Breathing Apparatus
- Urban/Rural Water Supply
- Ventilation

Camper Requirements:

- NFPA 1971 Compliant Turnout Gear (consist of a helmet, hood, coat, pants, gloves, boots);
- NFPA 1981 Compliant SCBA with facepiece;
- Cotton clothing including pants, shorts and t-shirts.
- Participants must be sponsored by their local fire department
- No personal vehicles allowed on campus for overnight stay

Ages: 16-17 Boys and Girls

Enrollment Limit: 40 students

Price: (Payable to MVCC upon acceptance)

Day Camp Only 8:00 am – 4:30 pm \$125.00 Day Camp Including Overnight - food and lodging (optional) \$290.00

Registration Deadline: July 10, 2013

2013 MVCC, OCVFA, OCFC and the Utica Fire Academy Junior Firefighter Camp Application

Name:			
Home Address:			
City, State, & Zip:			
Daytime Phone:			
Social Security #:	Birth I	Oate:	
Parent/Guardian:			
Parent/Guardian Phone:	Cel	1:	
Fire Department (if applicable):XLXL _	2X	_Other	(Please indicate size)
CHECK ONE: \square Overnight Camp \square I	Day Camp	Only	
PERMISSION FORM FOR JUNIOR F	IREFIGH'	TERS	
Date:			
I,, he	ereby certif	y that I a	am the legal Parent and/or
Guardian ofgive permission for him/her to participate in		, a child	under the age of 18. I hereby
give permission for him/her to participate in	Fire Service	e Trainir	ng. By signing below, I
acknowledge that Fire Service Training is po	tentially ha	zardous	and that he/she may be seriously
injured during this training. By signing below	w, I hereby	release N	Mohawk Valley Community
College, Oneida County Volunteer Firemen'	s Associatio	on, Inc.,	Oneida County Fire Chief's
Association and the Utica Fire Department/A	Academy an	d all oth	er parties affiliated with the
offering of this camp, and the course instruct			
participation in the camp.	. ,		
Signature of parent or guardian	Date		
Witness	Date		
Signature of participant	Date		
Fire Chief's Name (Printed)	Date		Fire Department Name
Fire Chief's Signature			County
Camp Fees: (Payable to MVCC upon acceptance Day Camp Only Day Camp Including Overnight - food and lodging	1·30 pm	\$125 \$290	

Mail to:

Mohawk Valley Community College Center for Corporate and Community Education 1101 Sherman Drive Utica, New York 13501

Attn: Jr. Firefighter Camp

NOTE: Fire Chief's Signature mandated for Volunteer Firemen's Benevolent Law (VFBL)

2nd Annual Junior Firefighter Camp (*To be included with application*)

<u>**Objective**</u>: To write a 200 word essay explaining how this experience at Junior Firefighter Camp will enhance your future in the fire service.

Health History Form: Junior Firefighter Camp

Name						
Home address				_		
Gender: □Male □Female Birth Da	ate/	/ Age at 0	event			
Custodial parent/guardian		Phone				
Home address (if different from a	bove)					
Home phone ()	Work phone ()	Cell()			
Second parent or guardian or em	ergency contact					
Address		Phone				
If not available in an emergency,	notify					
RelationshipP	hone	Address				
•		Group #				
Insurance carrier address		Phone numl	oer			
Allergies: List all known. Describ	e reaction and managen	nent of the reaction				
Medication allergies (list) Food a	lergies (list) Other allerg	gies (list) – include	insect stings, hay fe	ver, asthm		
animal dander, etc.						
			_			
Does not eat: □Red meat □Pork	□Dairy products □Pou	ltry □Seafood □Eg	ggs □Other (describe	e)		

Media Recording/Usage Release:

MVCC/OCVFA/OCFC/Utica Fire Department/Academy Junior Firefighter Camp

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I hereby give my consent for the image and likeness of to be videotaped, audiotaped, or photographed for the following uses:
Educational/Instructional media
Recruitment/Outreach media
Development media
Newsworthy media documentation
I further authorize MVCC, and their component parts to use this electronic media and/or photographs in any manner – whole or in part. This waiver includes usage of this media in any way deemed appropriate, which may include electronic and photographic reproductions for the production educational, instructional, promotional, or institutional advancement materials that support the educational and outreach activities of MVCC and the Oneida County Volunteer Firemen's Association and the Oneida County Fire Chief's Association.
I hereby waive any right I may have to inspect or approve any use of this electronic media and/or photographs, and I release MVCC, Utica Fire Department/Academy, OCVFA and OCFC and its component parts from all liability that could result from its use.
Participant's Name:
Address:
Telephone Number:
Participant's Signature:
(Required)
A parent or guardian must sign this form if the participant is a minor or if the participant is hindered
by mental or physical challenges.
Parent/Guardian's
Name: Parent/Guardian: Signature (Required)