

# Application Packet Cover Sheet



## Westfield Fire Department Youth Academy

### Westfield Fire Headquarters

405 North Ave W, Westfield, NJ 07090

August 22 - August 23, 2022 - 9 AM - 4 PM

Please fill out the following information to reserve a space in the upcoming Westfield Fire Department Youth Academy. Applications do not guarantee participation as spaces are limited. Applications must be filled out in its entirety. **Please Print.**

Applications are due **by 08-01-22 at 5:00 PM.** There is no fee for the Westfield Fire Department Youth Academy.

### AGE REQUIREMENT: 12-14 YEARS OLD

Return this form and all required documents no later than August 1, 2022, to:

Westfield Fire Department  
Youth Academy  
405 North Ave W  
Westfield, New Jersey 07090

Or scan and email to:

[fire@westfieldnj.gov](mailto:fire@westfieldnj.gov)

Must Include: All pages of completed application; and

Essay and Referral (from a non-family member); and

Copy of most recent report card

Any questions, please feel free to contact:

Battalion Chief Robert Sawicki - [fire@westfieldnj.gov](mailto:fire@westfieldnj.gov) - 908-447-4482



# WESTFIELD FIRE DEPARTMENT

## Youth Academy

### Application Form

Full Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Email Address (Parent): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Grade Entering in Fall 2022: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Parent's Work Phone: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_

Alternate Contact Phone: \_\_\_\_\_

#### Cadet Uniform Information

T-Shirt Size (Circle One): **Youth: L Adult: S M L XL**

**NOTE: All Cadets will be issued one (1) Shirt, and one (1) baseball cap. Cadets are responsible to wear the listed uniform each day of the academy. Please provide accurate size for your child. Uniforms sizes cannot be changed once ordered.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

#### Official Use Only:

Application Complete:	Yes	No	Initials: _____
E.M.I.F. Complete:	Yes	No	Initials: _____
Liability Waiver Form Signed (Circle One):	Yes	No	Initials: _____
Approved / Denied Code of Conduct (Circle One):	Yes	No	Initials: _____
Walk/Bike Home (Circle One):	Yes	No	Initials: _____
Photography Release:	Yes	No	Initials: _____



# WESTFIELD FIRE DEPARTMENT

## Youth Academy

### Release of Liability Form

I, \_\_\_\_\_ the undersigned Parent/Guardian of

\_\_\_\_\_, residing at \_\_\_\_\_, do hereby give my son/daughter permission to attend the Westfield Fire Department Youth Academy at Fire Headquarters and in consideration of allowing him/her to participate in the above named program, I voluntarily and knowingly release and discharge the Youth Academy, Westfield Fire Department, Town of Westfield, all instructors and participants in this program as well as all others who may be liable from all claims, present and future, known or unknown, in any manner arising out of his/her participation in the Westfield Fire Department Youth Academy Program. Participants will have the opportunity to be physically conditioned, including but not limited to daily physical training, and participation at an agility course at Fire Headquarters; additionally, all applicants will be viewing demonstrations from multiple county and state agencies including, but not limited to the Union County EMS Unit and Union County Hazmat Unit. Applicants will be held to an understanding of a paramilitary rank structure and the Code of Conduct set by the Westfield Fire Department. If at any time a cadet receives an injury, or will not be participating in a scheduled event, the Westfield Fire Department shall be contacted at 908-789-4130, at least two (2) hours prior to the scheduled arrival time so that a report may be filed. Failure to comply may result in discharge of the cadet.

This Release of Liability agreement is a testament to my understanding of the above evidenced by my signature below.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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



# WESTFIELD FIRE DEPARTMENT

## Youth Academy

### Photograph Release Form

I grant the Westfield Fire Department, its representatives, employees and/or designees the right to take photographs of me and my property in connection with the Westfield Fire Department Youth Academy. I authorize the Westfield Fire Department, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Westfield Fire Department may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Applicants Name (Print): \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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



# WESTFIELD FIRE DEPARTMENT

## Youth Academy

### Transportation Form

All cadets will be required to arrive at Westfield Fire Headquarters, located at 405 North Ave W, Westfield, NJ 07090 no later than 8:55 am for arrival and 4:15 pm for dismissal. **TRANSPORTATION WILL NOT BE PROVIDED BY THE WESTFIELD FIRE DEPARTMENT TO OR FROM FIRE HEADQUARTERS OR STATION 2.**

I \_\_\_\_\_ (parent or guardian, please print) give my child \_\_\_\_\_ (juvenile's name) permission to walk, bike, and or receive transportation unsupervised to Fire Headquarters' location at 405 North Ave W Westfield, New Jersey 07090. If we do not have this slip, your child will not be released without authorized adult supervision.

**Day 1** (Aug 22nd) will be at **Fire HQ: 405 North Ave W**, Westfield, NJ 07090

**Day 2** (Aug 23rd) will be at **Fire Station #2: 1029 Central Ave**, Westfield, NJ 07090

Signature of Applicant: \_\_\_\_\_ Date:

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



# WESTFIELD FIRE DEPARTMENT

## Youth Academy

### Emergency Medical Information Form

*Medical Form must be filled out in its entirety. **Please Print.** Dependent on the applicant's past medical history, the Town of Westfield maintains the right to request a doctor's note for participation in any and all physical activities. This must be submitted prior to the first day of the academy. Supplied information will only be used in the event of a medical emergency.*

Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male: Female:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Past Medical History: \_\_\_\_\_

Other Pertinent History:

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Primary Care Physician's Telephone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

#### Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_



# WESTFIELD FIRE DEPARTMENT

## Youth Academy

### Health Insurance Information Form

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Youth Academy Participant: \_\_\_\_\_

Relationship to Policy Holder: \_\_\_\_\_

**NOTE: A PHOTOCOPY OF YOUR MEDICAL INSURANCE CARD (Front & Back) MUST BE ATTACHED TO THIS FORM**

*For Youth Academy Applicants that have no health insurance:*

*Applicant Name:* \_\_\_\_\_

*Name of Parent/Guardian:* \_\_\_\_\_

*The Youth Academy applicant named above is not covered by health Insurance. As a condition of participation, I hereby acknowledge that as the parent or legal guardian, that I shall bear and be liable for any and all medical, hospital, or a related costs, damages, losses, and expenses incurred due to any injuries or illness he or she may suffer during their participation in the Youth Academy Program. I further acknowledge and agree that the Westfield Fire Department and the Town of Westfield will have no financial responsibility for any of the cost of expenses outlined above.*

*Signature of Parent/Guardian:* \_\_\_\_\_



# WESTFIELD FIRE DEPARTMENT

## Youth Academy

### Medical Release Form

Dear Physician:

The following individual has submitted an application to participate in the Westfield Fire Department Youth Academy:

Full Name \_\_\_\_\_ Home Address \_\_\_\_\_

As part of the Westfield Fire Department Youth Academy, each applicant is required to undergo a medical examination by a licensed physician. Applicant should be in good physical health and be able to participate in physical fitness activities (marching, running on all surfaces [blacktop, grass, sand]), calisthenics and organized athletic sports.

**Physician's Statement: (Please Check One)**

- I have examined the above-named applicant and find he/she can safely perform in the program.
- I have examined the above-named applicant and find he/she cannot safely perform in the program.

**Examination MAY NOT be greater than one (1) year old from the last day the applicant attends the Youth Academy.**

**Please Type or Print:**

Physician's Name: \_\_\_\_\_

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

**Affix Physician's Office Stamp:**

**(Must be M.D. or D.O.; Physician's Assistant or Nurse Practitioner is NOT acceptable)**

Please list any relevant restrictions or limitations if any:

Applicant Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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





# WESTFIELD FIRE DEPARTMENT

## Youth Academy

### Code of Conduct

1. There will be no use and/or possession of tobacco products or drugs. Any student found to be in violation of this code will be immediately dismissed.
2. Students are required to arrive no later than 8:55 am. Students must be picked up no later than 4:15 pm (unless the permission to walk/bike home form is signed).
3. Students are expected to adhere to academy rules and regulations.
4. Students are required to obey all orders of academy instructors and are not to leave the classroom without express permission of the instructor.
5. Should a student become ill or injured, he/she is to report immediately to an instructor.
6. Use of obscene, vulgar, or profane language will not be tolerated.
7. Students will always conduct themselves in a professional manner.

#### **Dress Code**

This academy has been developed to give each student the best possible learning experience. Therefore, it is necessary that students present themselves in a neat and well-groomed manner. A uniform consisting of hat, (1) pair of shorts, (1) tee shirt, white socks, and sneakers will be worn at all times. Hair must be neat and not a distraction to other students. Wearing of jewelry is prohibited. Bicycle helmets are required of all students who ride a bicycle or skateboard to the Youth Academy.

#### **Student Behavioral Contract**

The purpose of this contract is to inform the undersigned student that he/she must comply with the provisions of the Westfield Fire Youth Academy and to specific terms set forth in this contract. The student understands that due to the nature of this Academy, there will be zero tolerance rules in effect. Undesirable conduct, such as horseplay or a violation of the student code of conduct, will result in immediate removal of the student from the Academy. This contract is in effect for the safety of all students and to maintain discipline and order. This contract represents an agreement by the student that he/she received a copy of the Code of Conduct, and the student agrees to adhere to this code at all times while at the academy.

Our program is a para-military style boot camp. It is built on discipline and teamwork building skills. We show the children, **who are ages 12-14**, every facet of firefighter work. We give them a small taste of what we as firefighters endure to become firefighters. Our instructors and staff work hard every day and are in this for the children because we want to see these children succeed and have a sense of pride on graduation day.

Applicant Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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



# WESTFIELD FIRE DEPARTMENT

## Youth Academy

### Essay and Letter of Reference

1. The applicant must submit an essay describing why they wish to be selected for the Westfield Fire Youth Academy. The essay shall not be less than the 500 words minimum. Failure to omit the required essay will result in non-selection.
2. A referral letter must also be provided from a non-family member. Please include how long you have known the applicant, why he/she would be a good fit for the Westfield Fire Department Youth Academy, and what makes him/her stand out from the rest of the applicants.

Applicant Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



# WESTFIELD FIRE DEPARTMENT

## Youth Academy

### COVID Requirements

I, \_\_\_\_\_ will adhere to all CDC and Westfield Fire Department Covid protocols and regulations at the time of Westfield Fire Youth Academy. All protocols and regulations are subject to change.

Applicant Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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