



Vancouver Fire & Rescue Services
Youth Outreach Academy
April 23 - 27, 2019
Student application form

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

- VF&RS Release of Liability Form
- VSB Parent / Guardian Field Studies Consent Form
- VSB Medical / Emergency Consent Form

Send all documents, fully completed and signed to:

Youth Outreach Academy
Vancouver Fire Rescue Services
1330 Chess St
Vancouver BC
V6A 4K6

Applications must be completed in full, signed where required and received by Vancouver Fire & Rescue Services on or before March 15, 2019 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 attending _____

Vancouver Fire & Rescue Services is providing this Academy for young persons within the Vancouver Schools system. It is intended to be a challenging and rewarding experience. Tell us what you will offer to, and what you hope to gain from this program?

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

Fire fighters 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.

Fire fighters 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.

During the course of their duties, Fire fighters 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.

Fire fighters 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.

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

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, your friends and family and any careers you are considering etc.

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: _____ Waist: _____

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

Student's submission:

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

Sign: _____

Print: _____

This program is physically demanding at times and all students will be expected to give maximum effort and to participate to the very best of their ability. You must have your PT teacher sign the statement below:

PT Teachers' recommendation:

I confirm that _____ has no physical impediment to their participation in this program and is generally in good enough physical shape to participate fully in this school's Physical Training schedule.

I understand that the Vancouver Fire & Rescue Services Youth Outreach Academy will at times be physically demanding with the students expected to work to the best of their ability to accomplish tasks while wearing standard Fire fighter Turnout gear, Helmets and boots.

I know of no reason, given suitable VFRS monitoring and with due regard to their individual physical ability, why this student should not be able to participate in this Academy.

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 Vancouver Fire & Rescue Services Youth Outreach Academy April 23-27, 2019.

Sign: _____

Print: _____

Parent/Guardian Field Studies Consent Form Template

Parent/Guardian Field Studies Consent Form

School Name.....

School Address.....

School telephone Number.....

Teacher: _____

To the Parent(s)/Guardian(s) of: _____ Grade/Division: _____

The purpose of this form is to inform you about a proposed field studies involving your child, and to seek your support and permission for your child to participate. Field studies are part of the school program and they provide students with valuable learning experiences. However, should you not wish your child to participate in this activity school staff will assign the student other learning activities at the school.

This is an important document. Please review the contents of this Consent and Acknowledgement of Risk form carefully prior to providing permission for your child to participate in this excursion. Clarify any questions or concerns with the Lead Teacher BEFORE signing it.

If this form is not signed and returned to the school by _____, your child WILL NOT BE ALLOWED TO ATTEND.

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY **VFRS Training Centre, 1330 Chess Street, Vancouver BC** DATE(S): **April 23-27, 2019**

SERIES OF ACTIVITIES TO BE UNDERTAKEN (Specify program): **Vancouver Fire & Rescue Services Youth Outreach Academy; involving a challenging program of life saving and fire fighting skills.**

PURPOSE OR EDUCATIONAL GOAL(S): **To build self confidence, interpersonal skills, teamwork and community spirit.**

ITINERARY/ACTIVITIES: _____

METHOD OF TRANSPORTATION: _____ BY: _____

EDUCATOR-in-CHARGE: _____

TRIP SUPERVISORS PLANNED: _____

COST TO THE STUDENT: **_(no charge)_** WHAT TO BRING: **Sports kit, strong shoes or boots, towel, wash kit.**

OTHER CONSIDERATIONS: **The weather in April can vary, students should dress accordingly.**

BEHAVIOUR EXPECTATIONS: **Student is expected to give maximum effort at all times and arrive by 7.00am each morning.**

SCHOOL RESPONSIBILITIES

The board will make every reasonable effort to ensure or ascertain that:

- The staff, volunteers and/or service providers involved are suitably trained and qualified.
- The students are adequately supervised over all aspects of the program/activity.
- The location(s) used are appropriate and safe for the activity(ies) and group.
- A Safety Plan is in place to identify and manage known potential risks.
- An Emergency Plan is in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS AND SPECIAL SAFETY INFORMATION

The purpose of this section is to detail and reinforce with parents all potential known risks of participation in the field study to ensure parents/guardians are providing informed consent. Safety issues and precautions which have been discussed with students should also be referred to. For example, if the students will be required to wear any specific safety equipment, such as goggles or helmets.

Additional Comments/Requirements:

CONSENT AND ACKNOWLEDGEMENT OF RISK

[School Name Printed Here]

Destination/Activity/Program: _____ Dates: _____

(please ensure the following wording is used on all Vancouver Board of Education school-based field studies consent forms)

While school staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of this activity, and may occur without fault on the part of the student, school board, its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are agreeing that the activity described above is suitable for your child, and that there is a risk of injury associated with the activity.

- My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
- In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
- I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.

I, _____ (Name of parent/guardian) give permission for (Name of student) _____ to participate in the field study described above. I understand that my child may be exposed to a risk of injury due to accident while participating in this activity.

Date: _____ Name (Please print): _____ Signature: _____

Parent/Guardian Contact Numbers: Day _____ Evening _____

Comments (please include any restrictions or limitations which would prevent your child from fully participating in this trip, or any other special concerns which Board staff should be aware of surrounding your child.

NOTE:

Efforts to minimize costs have been made to support student participation. In accordance with Board policy *JN Students Fees, Fines and Hardship* no student shall be denied an opportunity to participate in an activity because of an inability to pay fees. Please contact the teacher or Principal if you have questions or concerns regarding the amounts listed above.

Medical/ Emergency Consent Form Template

School Name.....

Medical Information For Field Studies

The collection and retention of information requested on this form is authorized and governed by the British Columbia *School Act* and the *Freedom of Information and Protection of Privacy Act*.

OFF-SITE EXPERIENCE EMERGENCY MEDICAL INFORMATION

The following information will be helpful to the teacher in making your child's field studies experience comfortable, safe and pleasant. (Please print carefully and legibly)

Student Name: _____ Birth Date: _____

Grade/Program: _____ Teacher: _____

Address: _____

BC Medical Services Plan Personal Health No.: _____ Student School Accident Insurance: Yes No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

Reaction(s) to above? _____

Carries Epi pen? Yes No Inhaler? Yes No Medical Alert Bracelet? Yes No

Date of last Tetanus shot: _____

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.). Be specific:

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such):

Other Health/Medical/Dietary Concerns/restrictions:

Emergency Contacts:

1) _____ Phone: (H) _____ (W) _____ (C) _____

2) _____ Phone: (H) _____ (W) _____ (C) _____

Name of Physician _____ Phone # _____

ACKNOWLEDGEMENT OF CONSENT

Parent/Guardian who is filling out and signing this form: _____

Should it become necessary for my child to have medical care, I hereby give the teacher permission to use his/her best judgment in obtaining the best of such service for my child. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, I will be notified as soon as possible via the emergency contact information listed above.

Name (please print) _____ Signature _____