# Firefighter For a Day

October 5, 2024



# **Application Package**

Please complete all forms and hand deliver M-F 8am - 4pm to:

Edwardsburgh Cardinal Fire Station #1 6055 County Road 44 Spencerville, ON K0E 1X0

Deadline is September 13, 2024

#### **Eligibility Criteria and Important Information:**

- Applications from within the Township of Edwardsburgh Cardinal will receive precedence.
- Applicants must possess a valid OHIP or Provincial Health Card (out of province) before at time of application.
- Accepted participants will require CSA approved steel toe boots and leather gloves to be worn during all fire ground activities. All participants are required to wear all personal protective equipment provided by Edwardsburgh Cardinal Fire Department.
- Limited number of spaces available. You will be contacted before September 18, 2024 to confirm placement.
- By attending you agree to have your photo/video and/or your child(ren)'s photo/video taken to be used in Township of Edwardsburgh Cardinal publications, promotional and/or marketing material (i.e. brochures, website, advertising, social media, etc.); and local media coverage without compensation.
  Names will not be published without permission.

#### **Step 1: Applicant Information**

Name (First, Last):
Full Address:
Home Phone Number:
Cell Number:
Applicant's E-mail:
School Name and Grade: (if applicable)
Date of Birth (dd/mm/yyyy):
Applicant Signature
Name of Parent or Guardian:
Parent Signature (if applicant under 18 years of age)
How did you hear about Firefighter for a Day?
Have you attended a firefighting camp in the past?
Have you applied to another firefighting camp in 2024?

#### **Step 2: Suitability Assessment**

1. What is it that interests you about Fire Services?					
2. What attributes do you feel are important to be a member of the Fire	e Service?				

3. Please list and describe any volunteer activities you are involved in (including school activities).					
4. Please list any sports, hobbies or other activities you are involved in (including school groups, etc).					

#### **Step 3: Medical Clearance**

The physical demands of a firefighter are characterized by strength, endurance, coordination, agility and dexterity. Participants of the firefighter for a day program will experience the physical stresses of firefighting, although to a lesser degree. All activities take place in a supervised and controlled environment. Tasks are broken down into manageable segments. All scenarios are done in a controlled training atmosphere. A participant may stop, if at any time they do not feel comfortable, and instructors will give additional direction and support. Instructors will stop activities if at any time there appears to be any risk of injury or danger.

The following is a list of factors that will increase the difficulty of the physical demands that are required during tasks:

- Turn out gear and SCBA (Self Contained Breathing Apparatus) equipment restricts movement, adds weight to the individual and requires an increased physical effort while wearing the SCBA.
- Equipment used is often heavy and is frequently used in awkward positions.
- Environmental conditions, such as sun, humidity, or rain can add difficulty to tasks, which can cause fluctuations in body temperature.
- Darkness and/or smoke in a fire scenario decrease visibility, increasing the difficulty of the task.

Activities participants will take part in include, but not limited to:

- Full use of turnout gear and SCBA
- Search and Rescue techniques
- Operating and controlling a hand line
- · Ground ladder set up and climb
- Auto extrication

Equipment used includes, but is not limited to:

- Variety of sizes and lengths of hose (charged and uncharged)
- Power and hand tools including: cutters, spreaders, rams, axes, pike poles, halligans, and sledge hammers,
- SCBA (weighing approximately 30 lbs)
- Personal Protective Equipment (weighing approximately 20 lbs)
- Ground and roof ladders

Have you ever experienced any Health Issues that may restrict your ability to participate in all camp activities? (including, but not limited to):

If so, please pl	ace a check mark in all t	hat apply			
	Asthma	☐ Diabetes	☐ Heart Ti	rouble	
	Bleeding Disorder	☐ Seizure Disorder	☐ Fainting	/High or Low Bloo	d Pressure
	Other (including anythi	ng requiring medication)			
If other, please	e explain:				
Please list any	allergies or dietary restr	ictions:			
	ny questions or concern r a Day, email <u>fire@twp</u>		our child's) a	ability to participa	ate in
I have read, u as described	nderstand and am willi above.	ng and able to participa	ate in the tas	ks involved in the	e program
Applicant's Na	me:			Shirt Size: _	
Applicant's Sig	nature:			-	
Name of Parer	nt or Guardian:				
Signature of P	arent or Guardian:				
Date (dd/mm/y	уууу):				
Emergency Co	ontact Name:				
Emergency Co	ontact Phone Number				