

Whistler Fire Rescue Service Junior Firefighter Program May 3 – May 5, 2024

Locations: WFRS Hall 1, 4400 Village Gate Blvd & WFRS Training Yard, 3000 HWY 99 (Alta Vista)

Time: 8:30 am to 4:00pm Friday & Saturday May 3 & 4
Sunday May 5, time TBC



Welcome to the Whistler Fire Rescue Service Junior Firefighter Program!

Our Junior Firefighter Program will provide an introduction to the physical, mental and educational requirements needed to succeed in a career with the Fire Service.

This three-day course will give students hands on experience as they are taken through many aspects of our current recruit training programs. They will also gain an understanding of what it takes to be either a Career or Paid on Call Firefighter in Whistler.

Educational components will consist of classroom sessions covering firefighting equipment, fire behavior, basic fire science, products of combustion, and other related topics.

The Physical component and demands of the program will challenge the students and will include dragging hose lines, carrying ladders, experiencing live fire, climbing an aerial ladder, and using extrication tools (Jaws of Life) in vehicle extrication.

Students will be wearing full Personal Protective Equipment (PPE) for all physical training including Turnout Gear, and in some cases SCBA (self-contained breathing apparatus). This personal equipment can weigh up to 23kg or approx. 50lbs.

The program will consist of 3 full days, with the final day being a celebration and demonstration of learning as well as a competition day! Family members will be invited to attend. The Fire Chief and school representatives will also be invited to attend to observe all that has been learned throughout this exciting program.

To apply for the program, students will be required to complete an application form and submit a one-page letter of interest.

Whistler Fire Rescue Service would like to accept all students who apply, however for our 2024 program, we can only accept a maximum of 12 students.



Program Highlights:

- Eligibility; Students in Grade 11 or Grade 12
- 3 day program (Fri, Sat, Sun)
- Highlight the requirements, education and demands of a career in the Fire Service or as a Paid On Call Firefighter

Subjects Covered:

- Introduction to the Fire Service
- Fire Hall Familiarization and Personal Protective Equipment
- Basic Fire Science
- SCBA
- Fire Behavior
- Hose Handling and Fire Attack
- Ladders
- First Aid
- Basic Ropes and Knots
- Auto Extrication

Benefits to the Junior Firefighter Program:

- Gain knowledge and introductory skills needed for a career in the Fire Service
- Understand the physical and mental demands required for a career in the Fire Service
- Develop and build teamwork and leadership skills with fellow students
- Develop skills, confidence, responsibility and poise for emergency situations
- Learn about relationships between the Fire Service and the Community
- Work alongside and learn from Whistler Firefighters who continually demonstrate a pride for serving and protecting the public and community in times of need.



Student Application

Apı	plicai	nt Information
		Grade:
		-
		Email:
Height	t:	Boots Size:
YES	NO	
ш		
YES	NO	If yes, type of certification?
YES	NO	
		If yes, which course(s)
	Rei	ferences
		Position:
		Phone:
Discla	aime	r and Signature
the best	of m	y knowledge.
ram, I u	ınder	stand that false or misleading information in my application may
		Date:
	YES CONTRACTOR OF THE PROPERTY	Height: YES NO YES NO YES NO Rei Disclaime

Personal information in this form is collected for the purposes of participating in the Resort Municipality of Whistler (RMOW) Junior Firefighter Program 2024. The personal information collected in this form is under the authority of s.26(c) of the Freedom of Information and Protection of Privacy Act. By comp leting this form you are providing the RMOW with your consent to collect your personal information that will only be used by the RMOW for purposes related to your enrollment in the Junior Firefighter Program. Information will be kept confidential and on file for one year after the Junior Firefighter Program ends and then deleted. For questions regarding the collection of personal information, please contact the Whistler Fire Department at fire@whistler.ca or 604-935-8260.



Student's Full Name: _____

Stude	nts Age:					
Telep	hone Number:			- And Anni 1900 (190) (1900 (190) (1900 (190) (1900 (1900 (1900 (190) (1900 (1900 (1900 (1900 (1900 (1900 (1900 (190) (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (190) (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (190) (1900 (1900 (190) (1900 (1900 (1900 (190) (1900 (1900 (1900 (1900 (190) (1900 (1900 (1900 (190) (1900 (1900 (1900 (190) (1900 (1900 (190) (1900 (1900 (190) (1900 (1900 (1900 (1900 (190) (1900 (1900 (190) (1900 (1900 (190) (1900 (1900 (1900 (190) (1900 (1900 (190) (1900 (1900 (190) (1900 (1900 (190) (1900 (1900 (190) (1900 (1900 (190) (1900 (1900 (190) (1900 (190) (1900 (190) (190) (1900 (190) (190) (1900 (190) (1900 (190) (1900 (190) (1900 (1		
Please	Please list any conditions, illness or injuries that may limit your physical activity:					
	y medications that you are	currently taking	and the reason fo	or taking them:		
Last ki	nown tetanus shot?					
Please	e list any Allergies to:					
•	Specific foods? If 'Yes', please list:	Yes	No			
•	Animals? If 'Yes', please list:	Yes	No			
•	Bites? eg. Insects? If 'Yes', please list:		No			
•	Other allergies? If 'Yes', please list:	Yes	No			
Do yo	u carry an Epi Pen?	Yes	No			
*Stude		t bring all necess	ary medical suppl	ies and/or medications with them		

*Additional comments or information:

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Parent / Guardian Information:

The information below applies to your Parent or Guardian;

It is presumed that most high school students live with at least one supervising adult who is responsible for them.

For the purposes of this application, this person is referred to as your Parent or Guardian; although, there may be a step-parent, foster parent, grandparent, uncle, aunt, adult brother or sister or another adult or legally appointed caretaker who is responsible for you.

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Full Legal Last Name:		
Full Legal First Name:		
Relationship to you:		
Cell Phone Number:	Home Phone Number:	
Work Phone Number:		
Emergency Contact Information		
If you become ill or injured while you are in the alternate Emergency Contact who can be notifiassist:		
Full Legal Last Name:		
Full Legal First Name:		
Relationship to you:		
Cell Phone Number:	Home Phone Number:	
Work Phone Number:		

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Parent / Guardian Declaration

I,that the information I have give	declare that I have read all the information included in this package and n is true and correct.
I understand that Firefighting is may test my child's limits of fitn	a physical and demanding job, and that the Junior Firefighter Programess and endurance.
I am not aware at this time son/daughter at risk by taking p	of any existing medical or physical conditions that would place my art in this program.
	is committed to completing all the training days and he instructors on or before their due dates.
information that we have provid	School representative and the Whistler Fire Rescue Service if any of the led in this package changes, or if we are made aware of any inappropriate question the appropriateness of our son/daughter joining the Junior
	inappropriate behavior may not necessarily result in removal from the close information may result in a student being expelled.
I understand that my son's/daug will be based on:	ghter's acceptance in the Whistler Fire Rescue's Junior Firefighter Program
 Letter of intent and app Employment or characte Academic standing Fitness level 	
Parent / Guardian Signature:	Date:



Student Declaration

I,, declare that I have read all the information included in this package and that the information I have given is true and correct.
I understand that firefighting is a physical and demanding job, and that the Junior Firefighter Program may test my limits of fitness and endurance.
I am not aware at this time of any existing medical or physical conditions that would place me at risk by taking part in this program.
I am committed to completing all the training days and assignments given to them by the instructors on or before their due dates.
I declare that I will notify the School representative and the Whistler Fire Rescue Service if any of the information that I have provided in this package changes, or if inappropriate behavior may bring into question the appropriateness of me joining the Junior Firefighter Program.
I understand that reporting any inappropriate behavior may not necessarily result in my removal from the program, however failure to disclose information may result in me being expelled.
I understand that my acceptance in the Whistler Fire Rescue's Junior Firefighter Program will be based on:
 My letter of intent and application form My employment or character reference My academic standing My fitness level
Student Signature: Date:

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*** READ CAREFULLY ***

CONSENT, ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE & INDEMNITY

TO: Resort Municipality of Whistler and their respective elected officials, directors, officers, employees, guides, instructors, agents, representatives, volunteers, independent contractors, subcontractors, sponsors, successors and assignees (collectively referred to as the "**Releasees**" and individually as a "**Releasee**")

Name of Child:			Parent or Guardian Name:
-	Activity:	Whistler Fire Rescue Service Junior Firefighter Program	

NOTICE: The Parent or Guardian and Child (together, the "Releasors") wish for the Child to participate in the Activity and acknowledge they must carefully read this document and agree to the terms within. The Releasors understand the Child's participation in the Activity will expose the Child to risks and accept full responsibility for exposing the Child to such risks.

ACKNOWLEDGEMENT OF RISK: THE RELEASORS ARE AWARE AND FREELY ACCEPT FOR THEMSELVES ALL RESPONSIBILITY FOR RISKS TO THE CHILD IN CONNECTION WITH HIS OR HER PARTICIPATION IN THE ACTIVITY, including negligence of other persons; negligence of the Releasees; and that:

- 1. the Child participating in the Activity carries risk of harm to the Child, even if the Child possess the behavioural characteristics, physical health and abilities appropriate for the Activity; and
- 2. the Releasees cannot identify all risks associated with the Activity and cannot guarantee the Releasees will not make errors in providing the Activity or other persons participating in the Activity will not cause injuries to the Child.

I, THE UNDERSIGNED PARENT OR GUARDIAN, AM THE PARENT OR LEGAL GUARDIAN OF THE CHILD AND HEREBY CONSENT FOR THE CHILD TO PARTICIPATE IN THE ACTIVITY AND, FOR MYSELF AND THE CHILD, CONSENT TO THE FOLLOWING IN EXCHANGE FOR THE RELEASEES ALLOWING THE CHILD TO PARTICIPATE IN THE ACTIVITY:

- 1. I WAIVE AND RELEASE from liability and agree not to sue the Releasees for any claims I may have now or in the future for any loss, damage, personal or bodily injury, or death sustained or suffered in connection with the Child participating in the Activity due to any cause whatsoever, including without limitation, negligence, or breach of statutory duty.
- 2. FOR MYSELF, I AGREE TO INDEMNIFY the Releasees for and hold them harmless against all losses, injuries, damages and expenses of any kind the Releasees may suffer and for all complaints, demands, claims, actions, suits, judgements and orders for all losses, injuries, damages and expenses anyone else may suffer in connection with the Child participating in the Activity.

PA	RENT	r/GUA	RDIAN	INITIAL	S:

In no event will the Releasees be liable for any loss, damage, personal or bodily injury, death, nor for any loss or damage, including indirect or consequential damages, that I or the Child suffer as a result of the Child participating in the Activity or by reason of any matter or thing done or permitted.

EMERGENCY INFORMATION AND MEDICAL CONSENT

I, the Parent or Guardian, hereby authorizes the Whistler Fire Rescue Service, in the event of an actual or apprehended emergency, to administer first aid to the Child and arrange transportation of the Child to a medical facility for medical treatment.

Name of Child:	Child DOB (yyyy/mm/dd):
Please list any relevant medical or behavioural concerns:	

Emergency Contact 1	Emergency Contact 2
Name:	Name:
Relation to Child:	Relation to Child:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:

I acknowledge that I am not relying on any oral or written statements, promises or other communications other than what is set out in this document. I further acknowledge I have read and understand this document and agree to its terms:

PARENT/LEGAL GUARDIAN	CHILD
Signature:	Signature:
Print Name:	Print Name:
Home Address:	Home Address: (N/A if same as Parent/Guardian)
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Date:	Date:
STAFF ONLY - INITIAL FOR COMPLETENESS:	



If applicable: Name of Minor:

RESORT MUNICIPALITY OF WHISTLER

4325 Blackcomb Way TEL 604 932 5535 Whistler, BC Canada V8E 0X5 TF 1866 932 5535 whistler.ca FAX 604 935 8109

GENERAL CONSENT AND RELEASE AGREEMENT

"RMOW", which term includes its officer right from time to time to reproduce, use, of of my image, likeness, voice, performance (ipant") hereby grant the Resort Municipality of Whistler (the s, elected officials, directors, agents, employees and assigns), the exhibit, display, broadcast, distribute and create derivative works collectively, "Image"), captured by photograph, audio recording, ag ("collectively, "Recordings"), taken in connection with the g in facilities under RMOW's control.
publish the Image for external promotical advertising, fundraising, marketing, education purposes whatsoever, as well as for internal includes the right to print, reproduce, copy the Image in all forms, media and technology to print, broadcast, videotape, DVD, and electrical adversarial promotical print, and electrical prints are supported by the print of the prints of the	d without compensation or reimbursement, the right to store or onal materials including public relations, public promotion, ational, editorial and all other commercial or non-commercial emails, newsletters and instructional materials. This grant further distribute, exhibit, display, publish, broadcast or communicate gies known now or hereafter developed, including but not limited actronic or online media. I hereby waive any right that I may have including any moral rights associated with the Image.
	n under the age of 19 years (the "Minor"), I represent and warrant agree for and on behalf of the Minor, as well as myself, to all the ement.
	RM THAT I HAVE READ, UNDERSTOOD AND NOTIONS OF THIS AGREEMENT EITHER ON MY
OWN BEHALF OR THAT OF THE	MINOR WHOSE NAME APPEARS BELOW.
Event and Location of Recording:	WFRS Junior Firefighter Program, all training locations
Name:	Date:
Signature:	

This information is being collected by the Resort Municipality of Whistler (RMOW) under section 26(c) of the Freedom of Information and Protection of Privacy Act for the purpose of obtaining consent for the use of your Image and/or Recordings. If you have any questions about the use of your information, please contact the Communications Department at communications@whistler.ca or 604-932-5535.