

# **Fairfax County Fire & Rescue Department**

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## **Girls Fire and Rescue Academy 2024 Application Packet**



To Parents/Guardians and Academy Applicants:

The Fairfax County Fire Department is excited to announce its offering of Girls Fire and Rescue Academy summer camp, taking place from **June 25th through June 28th**. The Academy is open to female students that are Fairfax County residents (ages 12 to 17) and is completely free of charge to participants. However, participants must provide their own shoes. The Academy will provide a unique insight into life as a Firefighter/EMT, to encourage young females to consider the fire service as a career, either after high school or college.

Academy participants will take part in a 4-day academy of fun-filled experience, physical training, classes and Fire/EMS simulations. They will also have the chance to interact and ask questions of on duty firefighters.

Safety is our top priority. Academy participants will be supervised at all times by the highly trained professionals of the Fairfax County Fire and Rescue Department. Please carefully review all included Academy materials, including the proposed schedule of events, medical information and physician clearance for participation, assumption of risk and waiver requirements. All sections of this packet **must** be complete in full; incomplete packets may be rejected. Please type or write legibly in black ink; unreadable applications will also be rejected.

Please take care in completing the application as only **24** applicants will be selected for participation in this year's Academies.

Applicants are expected to be responsible and demonstrate a self-starting attitude. Applicants must be aged between 12 and 17 years old by the first day of the Academy and in good physical health to participate in the rigorous activities planned. Additionally, all applicants must pledge to participate in the entire program. Planned absences are not acceptable because of the limited space available, and the nature of the program requires full attendance to benefit. If you believe that you will be absent for any portion of the program, we ask that you do not consider applying for the Academy. We must RECEIVE all applications no later than the close of business **May 17, 2024**. Completed applications should be scanned to [fire.Girls-Academy@fairfaxcounty.gov](mailto:fire.Girls-Academy@fairfaxcounty.gov). You will receive confirmation of receipt.

We will provide notification to successful candidates by email or phone no later than **June 3, 2024**. If you have any questions regarding the application packet or process, please email your question to: [fire.Girls-Academy@fairfaxcounty.gov](mailto:fire.Girls-Academy@fairfaxcounty.gov). We will be very happy to assist you and respond to inquiries within 24 hours.

**Good Luck!!**

**Fairfax County Fire and Rescue  
Department**

**“Girls Fire and Rescue Academy”  
2024 – Application Form**

**PART I: PARTICIPATION INFORMATION**

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_  
DOB: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone:----- \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Alternate Phone ----- \_\_\_\_\_

This camp requires participants to wear special clothing to participate. Please answer the following questions as exactly as possible to ensure proper fit of gear (fill-in all sizes to the best of your knowledge, your child’s gear will be sized according to these measurements).

Waist Size: \_\_\_\_\_ Inches

Shoe size: \_\_\_\_\_ (in men’s sizes)

T-shirt Size: \_\_\_\_\_

## PART 2: MEDICAL HISTORY – Please Explain “Yes” Answers Below

**To be provided to your medical professional to evaluate applicant for participation in the program. FILLED OUT BY PARENT/ GUARDIAN (share with physical and return).**

Just like the everyday job of a Firefighter/EMT, some of the elements of the Girls Fire and Rescue Academy will involve some physically demanding tasks. For this reason, we require applicants to be signed off by their Physician. It is important to provide full and complete medical information in order for your Physician to adequately assess if the applicant will be able to fully participate in the Academy. This form must be completed and signed, prior to the physical examination, for review by your examining practitioner. Explain “yes” answers below.

GENERAL MEDICAL HISTORY	YES	NO	MEDICAL QUESTIONS	YES	NO
Has a doctor ever denied or restricted your participation in sports for any reason?			Do you cough, wheeze or have difficulty breathing during or after exercise?		
Do you currently have an ongoing medical condition? Please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other			Do you have asthma or use asthma medicine? (Inhaler; Nebulizer)		
Have you ever spent the night at the hospital?			Were you born without or are missing a kidney, eye, spleen or other organ?		
Have you ever had surgery?			Do you have groin pain or a painful bulge or hernia in the groin area?		
<b>HEART HEALTH QUESTIONS ABOUT YOU:</b>			Have you had mononucleosis (mono) within the last month?		
Have you ever passed out or nearly passed out DURING or AFTER exercise?			Do you have any rashes, pressure sores, or other skin problems?		
Have you ever had discomfort, pain or pressure in your chest during exercise?			Have you ever had a herpes or MRSA skin infection?		
Does your heart race or skip beats during exercise?			Are you currently <b>taking any medication on a daily basis</b> ?		
Has your Doctor ever told you that you have: <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Kawasaki Disease <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> A Heart Infection <input type="checkbox"/> Other:			Have you ever had a head injury or a concussion? If so, date of last injury:		
Has a Doctor ever ordered a test for your heart? (E.g. ECG/EKG, Echocardiogram)			Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
Do you get lightheaded or feel more short of breath than expected during exercise?			When exercising in heat, do you have severe muscle cramps or become ill?		
Have you ever had an unexplained seizure?			Has a Doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY:</b>			Have you had any other blood disorders?		
Has any family member or relative died of heart problems or had an unexpected death or sudden death before age 50? (Including drowning, unexplained car accident or sudden infant death syndrome)?			Have you had any problems with your eyes or vision?		
Does anyone in your family have a heart problem?			Do you wear glasses or contact lenses?		
Does anyone in your family have a pacemaker or implanted defibrillator?			Do you wear protective eyewear; such as goggles or a face shield?		
Does anyone in your family have Marfan syndrome, cardiomyopathy or Long Q-T?			Do you worry about your weight?		
Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			Are you trying to or has any professional recommended that you try to gain or lose weight?		
<b>BONE AND JOINT QUESTIONS</b>			Do you limit or carefully control what you eat?		
Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss school sports or other exercise?			Do you have any concerns that you would like to discuss with a doctor?		
Have you ever had any broken or fractured bones or dislocated joints?			When is the date of your last Tdap or Td (Tetanus) immunization? (Circle Type) Date:		
Have you ever had a bone or joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, cast or crutches?			Have you ever had a menstrual period? Age when you had your first period:		
Have you ever had an X-ray of your neck for atlanto-axial instability? OR have you ever been told that you have an atlanto-axial disorder or any neck/spine problem?			Are you pregnant?		
Have you ever had a stress fracture of a bone?			<b>EXPLAIN “YES” ANSWERS on next page: (Use extra space below as necessary)</b>		

Do you regularly use a brace or assistive device?				
Do you currently have a bone, muscle, or joint injury that bothers you?			Do you have a history of juvenile arthritis or connective tissue disease?	
Do any of your joints become painful, swollen, feel warm or look red?				

**List Medications/Supplements currently taking below:**

**List all Food Allergies Below:**

**Additional Notes/Medications/Explanation of "YES" Answers:**

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**Dietary preferences:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PART 3 (1): PHYSICAL EXAMINATION**

Please have your **Physician** complete this section in full and **return it to us with your completed Application Packet**. The examination must be dated after *September 2023*. Any medical information will be kept confidential in accordance with HIPAA regulations.

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **School:** \_\_\_\_\_

<b>EXAMINATION</b>					
Height:	Weight:				
BP: /	Pulse:	Vision R 20/	L 20/	Glasses or Contacts? Yes:	No:

<b>MEDICAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
<b>MUSCULOSKELETAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional		

**EMERGENCY MEDICATIONS**

Inhaler  
 Epinephrine  
 Glucagon  
 Other:

**Past medical history:**

<b>List all current medications: (if applicable)</b>	<b>Food allergies:</b>
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**PART 3 (2): PHYSICAL EXAMINATION**

I have reviewed the data above, reviewed her medical history form and make the following recommendations for her participation in the FCFRD Girls Fire and Rescue Academy:

**\_\_\_CLEARED WITHOUT RESTRICTIONS**

**\_\_\_NOT CLEARED FOR PARTICIPATION:**

I have examined the above-named student and completed the pre-participation physical evaluation.

Physician Signature: \_\_\_\_\_(MD, DO, LNP, PA) Date: \_\_\_\_\_

Examiner's Name & Degree (Print): \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

*Official seal*

Only signatures of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.

**PART 4: ACKNOWLEDGEMENT OF RISK, ASSUMPTION OF RISK, HOLD HARMLESS & INDEMNIFICATION AGREEMENT AND PHOTO RELEASE STATEMENT**

**PART 4A: Acknowledgement and Assumption of Risk, Hold Harmless & Indemnification Agreement**

I give permission for \_\_\_\_\_ (name of child/ward) to participate in the Fairfax County Fire and Rescue Department's "Girls Fire and Rescue Academy" 2024. I attest that I am either the child's parent or legal guardian with the legal authority to enter into this agreement.

I have reviewed the proposed Program of Activities, and I am aware that with participation in the FCFRD Girls Fire and Rescue Academy comes certain risk including but not limited to the risk of personal injury, theft or damage to personal property. Activities in the FCFRD Girls Fire and Rescue Academy include but are not limited to physical exertion, exposure to the outdoor elements (sun, wind, rain, heat and cold), shared overnight accommodation and activities observing and extinguishing live fire under controlled conditions.

I also understand and accept that the activities of the FCFRD Girls Fire and Rescue Academy will be held during the summer months and often outdoors where the weather will be hot and humid. I understand and agree that this creates additional physical stress and have considered that aspect of risk as well as the other risks associated with the activities in the FCFRD Girls Fire and Rescue Academy. On behalf of my child/ward I expressly agree and assume all the risks associated with participation in the FCFRD Girls Fire and Rescue Academy.

Furthermore, FCFRD Girls Fire and Rescue Academy Organizers have difficult jobs to perform. They seek safety, but they are not infallible. They will have only limited awareness of a participant's fitness or abilities. They may misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions and the equipment being used might malfunction. I acknowledge these possibilities and accept the risks associated with them on behalf of my child/ward.

In consideration of my child/ward participating in FCFRD Girls Fire and Rescue Academy activities and using the facilities of the Fairfax County Fire and Rescue Department and other locations as designated by the Academy Organizers and/or other activities and services provided by FCFRD employees, including food service, I, on behalf of myself, my executors, administrators, heirs, next of kin and successors, hereby release, indemnify, hold harmless and discharge Fairfax County and all its officers, departments, agencies, and employees from any and all claims, damages, injuries, fines, penalties and costs (including court costs and attorney fees), charges liabilities, or exposures, however caused, resulting from or arising out of or in any way connected to me or my child's participation in the FCFRD Girls Fire and Rescue Academy program. I have read and understand this agreement and by my signature agree to its terms. I hereby give my child/ward permission to go on any field trips during the course of the Academy. I understand I will be informed in advance of the Academy Itinerary. FCFRD and the Academy Organizers agree to notify the Parent/Guardian/Emergency Contact Person whenever the child becomes ill or injured and the Parent/Guardian/Emergency Contact will arrange to have the child picked up as soon as possible. The Parent/Guardian authorizes the Academy Organizers to provide/obtain immediate medical care if an emergency occurs when he/she cannot be immediately reached.

Parent/Guardian Print Name: \_\_\_\_\_

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



**PART 4B: Photo/Video Release**

I hereby give my permission without restriction to Fairfax County Fire and Rescue Department and their assignees to photograph and/or videotape my child during participation in the Academy. I specifically waive my rights to compensation with respect to my child's name, likeness, picture or voice. The purpose of this release is to facilitate future publicity for similar programs.

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

**PART 5: ESSAY AND OTHER INFORMATION THAT WILL BE CONSIDERED BY THE SCREENING COMMITTEE**

**PART 5A: School/Activities Information**

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

Grade: \_\_\_\_\_ GPA: \_\_\_\_\_

School Activities: (E.g. Participation in Team Sports, After School Activities, Clubs)

Community Activities: (E.g. Girl Scouts, Church Activities, Volunteering)

Hobbies:

**PART 5B: Application Essay**

Please tell us why you are interested in attending “FCFRD Girls Fire and Rescue Academy” 2024. What do you believe you will gain from participation and why is participation important to you? You should attach your essay to this Application Package. Your essay should not be longer than 500 words (writing must be clear and legible, typed preferred). Please include your full name at the top of your essay.

**How did you hear about FCFRD Girls Fire and Rescue Academy? (Circle one)**

- Fairfax County website
- Fairfax County Summer guide
- Facebook
- Radio
- Recruiter
- School
- Other (Please Specify) \_\_\_\_\_

## FCFRD Girls Fire and Rescue Academy Agenda

Participants will be divided into groups of 4. A female firefighter will serve as a mentor for each group all week. Additional firefighters will serve as instructors and safety personnel for all practical exercises. All safety equipment will be provided.

### Day 1

0830-0915	Welcome/Introductions/Staff/Engine Companies
0915-0930	Academy Tour
0940-0955	Expectations
1005-1030	Fire Service History, Organization, Incident Command Structure
1040-1140	Gear Fitting
1145-1215	Lunch
1220-1520	Rescue Company Operations
1220-1240	R421 Walk around
1250-1310	Tool Time
1320-1340	Water Suits
1350-1410	Obstacle Course
1420-1440	Ropes
1450-1510	Rehab
1520-1540	Clean Up
1550-1600	Wrap Up/Questions/Best thing

### Day 2

0800-0810	Line Up
0815-0845	Transport to Wellfit
0850-0910	What it takes to be a FF
0915-0930	WPE Demo
1030-1050	Weight Room
1050-1110	CPAT
1115-1140	Transport to FRA
1210-1240	Lunch
1250-1540	EMS Training (Skills Stations)
1550-1600	Wrap up/ Questions/ Best Thing

### Day 3

0800-0810	Line Up
0820-0850	Tabata PT
0900-1200	Truck Company Operations
0900-0920	Search Maze
0930-0950	Forcible Entry (Yellow Door)
1000-1020	Seach/ Victim Removal
1030-1050	Tower Bucket ride
1100-1120	TL Walk Around
1130-1150	Rehab
1200-1230	Lunch
1245-1530	Engine Operations
1550-1600	Wrap up/ Questions/ Best Thing

### Day 4

0800-0810	Line up
0820-0850	Tabata PT
0900-1200	EMS Scenarios
1200-1300	Lunch
1300-1400	Cleanup
1400-1500	Fire Investigator
1515-1530	Transportation to FS40
1530-1550	FS40 Walk Around
1550-1600	Transport to HQ
1700-1900	Dinner and Graduation