

Camp Ignite Application August 6-9, 2015

Name _____

Birthdate _____

Address _____

City _____

E-mail _____

Phone _____

Current School

Grade (fall 2015)

Please provide a reference (NOT a family member)

What is this person's relation to you?

Reference phone number

How did you hear about the Girls Fire camp?

What is it about Fire & Emergency Services that interests you?

Are you involved in any volunteer activities? If yes please list

What sports, hobbies or other activities are you interested in?

Firefighting/EMS is not required to participate in Camp Ignite and we encourage applicants to apply regardless of experience level. However, if you do have any previous experience or training please explain.

Activities during camp can be demanding. Have you ever had any health problems such as asthma, diabetes, heart trouble, seizures, bleeding disorder, fainting spells, or any other health condition that may restrict your ability to participate in the fire camp? If yes please explain (be specific)

Have you previously attended an overnight / sleep-away camp?

Yes No

What is it you would like to get out of the Camp Ignite experience? Please explain in detail (include additional sheets if necessary)

Please write and attach a minimum of 500 word essay describing a person in your community or the world whom you admire. What are the qualities that made you choose this person? How do you hope to develop these qualities in yourself? We are not evaluating this based on grammar or punctuation. It may be handwritten or typed. We want to understand more about whom you are, therefore, it is important that this essay is in your own words.

Applicant's Signature Date

Legal Guardian's Signature Date

**Required of all applicants under 18 years of age*

**PLEASE REFER TO THE POSTER FOR DETAILS REGARDING
DEADLINE AND APPLICATION DROP OFF LOCATION**