

# WILLINGBORO FIRE & EMS

398 Charleston Road, Willingboro, NJ 08046

*Anthony Burnett*  
*Fire Chief*



Phone: (609) 871-7476  
Fax: (609) 871-4463

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## *Youth Fire Academy*

Willingboro Township FIRE & EMS will be hosting its 11<sup>th</sup> Annual Youth Fire Academy. The Cadets will be instructed by actual fire instructors on the topics that Fire Recruits are taught in the Fire Academy. This academy will **not** in any way certify a person as a firefighter or empower them with firefighter duties or responsibilities.

**Purpose:** The purpose of this program is to help foster a better relationship between the Youth of Burlington County and Willingboro FIRE & EMS through education and training.

**When:** Orientation will be held on Saturday, June 28, 2025, at 9:00 am. The first day of the academy will start on Monday, July 7, 2025, and conclude Friday, July 18, 2025. Graduation will be held on Saturday July 19, 2025. It will run for two weeks with students meeting Monday–Friday from 8:00 am until approximately 4:30 pm.

**Where:** The Youth Fire Academy will be conducted at the Willingboro FIRE & EMS Facility located at 398 Charleston Road, Willingboro, NJ, 08046. However, there will be some off-site excursions during the academy.

**Who:** The academy is open to residents of New Jersey 13 years of age to 17 years of age. All applicants interested in attending the academy must complete an application; Class size will be limited to approximately 25 students.

Any applicant that is found to have falsified information or left part of the application incomplete will be rejected. The Youth Fire Academy Committee will make the final decision as to which applicants are accepted into the Academy. In case there are more eligible applicants than available positions in the academy, applicants will be placed on a waiting list and will have priority for future academies.

All completed applications must be delivered to Willingboro FIRE & EMS no later than Wednesday, June 13, 2025, by 5:00 pm.

**SPACE IS LIMITED, SO PLEASE DON'T DELAY**

# WILLINGBORO FIRE & EMS

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Fire Chief

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## YOUTH FIRE ACADEMY APPLICATION FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City Zip

Cadets Email Address: \_\_\_\_\_ Sex: \_\_\_ Race: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

Current GPA: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent's/Guardian's Address: \_\_\_\_\_

Parent's/Guardian's Email Address: \_\_\_\_\_

Parent's/Guardian's Phone Number: \_\_\_\_\_

Sibling(s) Name(s) and Date of Birth: \_\_\_\_\_

T-shirt size: \_\_\_\_\_ (Small, Medium, Large, XL, etc.)

Short size: \_\_\_\_\_ (Small, Medium, Large, XL, etc.)

Have you ever been convicted of any Crimes? \_\_\_\_\_

Have you ever been arrested, convicted, or charged with any offense other than minor traffic offenses? If yes, please explain in detail include what action was taken against you:

Emergency contact if parents cannot be reached (Name, Address, Phone) \_\_\_\_\_

Are there any medical, Behavioral, or dietary restrictions, which we should be aware of? (Please specify including known allergies.)

Physician's Name, Address and Number: \_\_\_\_\_

Child's Health Insurance Carrier: \_\_\_\_\_





## Youth Fire Academy

### Photography/Video Permission

Willingboro Township and Willingboro FIRE & EMS would like to use pictures, videos and possibly the name of your child within the Township website; [www.willingboronj.gov](http://www.willingboronj.gov), and/or the FIRE & EMS Department website; [www.willingborofire.org](http://www.willingborofire.org), the newspaper; Willingboro Township Marquee Magazine, and all means of social media; Facebook, Instagram, and Twitter, as well as, printed or electronic materials related to the Township of Willingboro and Willingboro FIRE & EMS. We will not release personal information regarding your child; nor will we sell pictures or videos of your child at any time. All photos will be used for sole purpose of keeping residents aware of activities within the Township and to possibly advertise for future Willingboro Youth Fire Academies. Copies of all photos and videos will be available to any parent whose child is in the Youth Fire Academy upon request.

\_\_\_\_\_ Yes, I grant permission for photos/videos of my child to be utilized within Willingboro Township's and/or Willingboro FIRE & EMS means of communication media.

\_\_\_\_\_ No, please do not take or use any photo/videos of my child.

Print Child's Name: \_\_\_\_\_

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

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

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



## Youth Fire Academy

### Meal Plan Acknowledgement

Dear Parents/Guardians,

This year general lunch meals will be provided by the Youth Fire Academy (YFA). All food items and contents of meals will attempt to meet government food guidelines of healthy eating and a balanced meal. Food products will be donated by multiple local businesses and associations in the community. Lunch will be provided at no cost to YFA Cadets. Please provide us with a list of allergies and food restrictions your youth may have. You will be responsible for providing lunch on listed day(s) during off campus activities and any day(s) listed on the schedule that your youth chooses not to receive the scheduled menu items.

Please initial the appropriate acknowledgement below:

\_\_\_\_\_ I DO give permission for my youth to participate in YFA meal plan.

\_\_\_\_\_ I DO NOT give permission for my youth to participate in YFA meal plan.

List of food allergies:

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Youth Fire Academy**  
**Food Waiver and Release from Liability**

By signing this waiver, I \_\_\_\_\_ release Willingboro Township and Willingboro FIRE & EMS from any liability with regard to possible spoilage or food-borne illness from donated food from local businesses in the community during the Youth Fire Academy. I am aware the food was prepared off premises by the local business and picked up/delivered to the Fire Station by either delivery driver or FIRE/EMS personnel. I also am indicating that I accept full responsibility my child(ren) does become sick after eating said food.

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

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

Parent/Legal Guardian Signature: \_\_\_\_\_

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



## Youth Fire Academy Personal Protective Equipment (PPE) Waiver Form

I \_\_\_\_\_ understand that by opting to use my PPE from the Fire Department that I belong to and not using the PPE that is issued by Willingboro FIRE & EMS for the Youth Fire Academy, that I am releasing the Township of Willingboro and Willingboro FIRE & EMS from all Liability of any damage that may occur from wearing and use of said PPE.

It is further agreed and understood that under no circumstances will Willingboro Township or Willingboro FIRE & EMS be responsible for the loss or damage of PPE not issued by Willingboro FIRE & EMS.

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

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

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

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

Fire Department Name: \_\_\_\_\_

Fire Chief Signature: \_\_\_\_\_

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





**Youth Fire Academy**  
**Consent for Medical Treatment of a Minor Child**

I, \_\_\_\_\_  
(parent(s) or guardian(s) name(s))

\_\_\_\_\_  
(street address, city, and state)

Give permission to:

**Willingboro Fire & EMS/ YFA Staff**  
\_\_\_\_\_  
(name(s))

**398 Charleston Road, Willingboro, NJ 08046**  
\_\_\_\_\_  
(street address, city, and state)

To take temporary care of the following child(ren),  
\_\_\_\_\_  
(Name and date of birth)

This power of temporary authority begins on 7/7/2025 (Date)

And remains effective through 7/19/2025. (Date)

The above-named caretaker(s) have the following powers:

1. The power to seek appropriate medical treatment or attention on behalf of the child as required by the circumstances, including but not limited to medical doctor or hospital visits.
2. The power to receive medical information.
3. The power to authorize medical treatment or medical procedures in an emergent situation.
4. The power to: \_\_\_\_\_

Date and time: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent(s) or legal guardian(s))

Printed name: \_\_\_\_\_  
(Parent(s) or legal guardian(s))

Witness: \_\_\_\_\_  
(WFD Personnel or Notary)



## **ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS:

Willingboro Township, Willingboro FIRE & EMS, and/or their directors, officers, employees, volunteers, representatives;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Willingboro Township, Willingboro FIRE & EMS, their directors, officers, volunteers, representatives, and staff are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature,



# WILLINGBORO POLICE / FIRE / EMS

MUNICIPAL COMPLEX

1 Rev. Dr. M.L. King, Jr. Drive, Willingboro, NJ 08046



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## WILLINGBORO YOUTH POLICE / FIRE / EMS ACADEMY PHYSICAL WAIVER FORM

Physician's Name; \_\_\_\_\_

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

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

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

### **To be filled out by the Physician:**

Please list any known Allergies:

\_\_\_\_\_  
\_\_\_\_\_

### **Baseline Vitals**

BP: \_\_\_\_\_/\_\_\_\_\_

Pulse: \_\_\_\_\_

Respiratory Rate: \_\_\_\_\_

I certify that I have examined \_\_\_\_\_ and found him/her medically  
Print Name of Applicant  
qualified to participate in a POLICE / FIRE / EMS physical fitness program. The program includes running up to twenty minutes and other basic exercises (pushups, sit-ups and stretching). For the Fire Academy they will be in structural gear performing firefighter duties such as stretching hose lines, climbing ladders, dragging rescue dummies and more.

I also certify that I am a licensed medical physician, physician's assistant or family nurse practitioner.

Physician's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please list any Participation restrictions the cadet may have on the second page.

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1 Rev. Dr. M.L. King, Jr. Drive, Willingboro, NJ 08046



Participation Restrictions:

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