

# Camp Ignite Mentorship Program Application Form



## PERSONAL INFORMATION

LAST NAME:  FIRST NAME:

STREET ADDRESS:

CITY, POSTAL CODE:

PHONE NUMBER (home):  PHONE NUMBER (cell):

EMAIL ADDRESS:

DATE OF BIRTH:  T-SHIRT SIZE:

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN EMAIL:

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## EDUCATION

CURRENT SCHOOL:

GRADE (Fall of 2020):

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## REFERENCE (not a family member)

REFERENCE NAME:

PERSON'S RELATION TO YOU:

PHONE NUMBER:

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## GENERAL INFORMATION

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):

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:

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

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

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

- Yes
- No

What is it that you would like to get out of the Camp Ignite experience?  
Please explain in detail, use additional sheets if necessary:

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



APPLICANT'S SIGNATURE

DATE

LEGAL GUARDIAN'S SIGNATURE

DATE

THE DEADLINE FOR APPLICATIONS IS MAY 1, 2020

PLEASE RETURN YOUR APPLICATION TO:

[campignitebc@gmail.com](mailto:campignitebc@gmail.com)