LINDEN FIRE DEPARTMENT
JUNIOR FIRE ACADEMY

June 27 – July 1, 2022
8:00 AM – 3:00 PM

- Available to Linden students graduating 7th and 8th grades.
- Learn about the Linden Fire Department and explore a future career in Firefighting!
- Receive basic training in Physical Fitness, Department Operations, Fire Science, Haz-Mat, First Aid and CPR.
- Demonstrations include Engine and Ladder Truck Operations, Rope Rescue, Car Extrication, Haz-Mat, and more!
- Have Fun!!!!!!!

If interested click here to fill out the application.
Copies of the application are also available at Linden Fire Headquarters
302 S. Wood Avenue Monday - Friday 8am- 3pm

THE DEADLINE FOR APPLICATIONS IS FRIDAY, MAY 6, 2022 3:00 PM
Applications must be dropped off at Linden Fire Headquarters!
Enrollment will be on a first come, first served basis. Spaces are limited.
Any questions, contact:
Deputy Chief Kevin Brady
908-474-4550 or kbrady@lfdnj.org
LINDEN FIRE DEPARTMENT
Junior Fire Academy
June 27 – July 1, 2022

Please fill out the following information to reserve a space in the upcoming Linden Fire Department Junior Fire Academy. Applications do not guarantee participation as spaces are limited. Applications must be filled out in its entirety and returned to the front-desk at Linden Fire Headquarters. Please Print. Applications are due by May 6, 2022 @ 3:00PM

Full Name: ____________________________________________

Home Address: ____________________________________________

Home Phone: ___________________ Email Address (Parent): ____________________________________________

Birth Date: ________ Male: □ Female: □ Grade Entering in Fall 2022: _______

School: ____________________________________________

Parent/Guardian’s Name(s): ____________________________________________

Parent’s Work Phone: ___________________ Parent’s Cell Phone: ___________________

Alternate Contact Phone: ____________________________________________

Cadet Uniform Information

T-Shirt Size (Check One): Youth: L □ Adult: S □ M □ L □ XL □

Short Size (Check One): Youth: L □ Adult: S □ M □ L □ XL □

NOTE: All recruits will be issued two (2) Shirts, two (2) pairs of shorts, and one (1) baseball cap. Recruits are responsible to wear the listed uniform each day of the academy. Please provide accurate size for your child. Uniforms sizes cannot be changed once ordered.

Signature of Applicant: ____________________________________________ Date: ____________

Signature of Parent/Guardian: ____________________________________________ Date: ____________

Official Use Only:

Application Complete: Yes: □ No: □ Initials: ______

E.M.I.F. Complete: Yes: □ No: □ Initials: ______

Liability Form Signed: Yes: □ No: □ Initials: ______ Approved / Denied

Code of Conduct: Yes: □ No: □ Initials: ______

Photography Release: Yes: □ No: □ Initials: ______

UCFA Hold Harmless: Yes: □ No: □ Initials: ______
Medical Form must be filled out in its entirety. Please Print. Dependent on the applicant’s past medical history, the City of Linden maintains the right to request a doctor’s note for participation in any and all physical activities. This must be submitted prior to the first day of the academy. Supplied information will only be used in the event of a medical emergency.

Full Name: ________________________________

Birth Date: ______________________ Male: □ Female: □

Height: _________________ Weight: _________________

Past Medical History: ________________________________

Other Pertinent History: ________________________________

Allergies: ________________________________

Medications: ________________________________

Primary Care Physician: ________________________________

Primary Care Physician’s Telephone: ________________________________

Health Insurance Carrier: ________________________________

Preferred Hospital: ________________________________

Emergency Contact Information

Name: ________________________________ Phone: __________________

Name: ________________________________ Phone: __________________

Name: ________________________________ Phone: __________________

Name: ________________________________ Phone: __________________
LINDEN FIRE DEPARTMENT
Junior Fire Academy

Code of Conduct

1. There will be no use and/or possession of tobacco products or drugs. Any student found to be in violation of this code will be immediately dismissed.
2. Students are required to arrive at Union County Fire Academy located at 710 Lower Rd. Linden NJ, no later than 7:55 am. Students must be picked up no later than 3:00 pm.
3. Students are expected to adhere to academy rules and regulations.
4. Students are required to obey all orders of academy instructors and are not to leave the classroom without expressed permission of the instructor.
5. Should a student become ill or injured, he/she is to report immediately to an instructor.
6. Use of obscene, vulgar, or profane language will not be tolerated.
7. Students will conduct themselves in a professional manner at all times.
8. Students will address instructors as sir or ma’am. Yes/no sir, or yes/no ma’am.

Dress Code
This academy has been developed to give each student the best possible learning experience. Therefore, it is necessary that students present themselves in a neat and well-groomed manner. A uniform consisting of hat, shorts, tee shirt, white socks, and sneakers will be worn at all times. Hair must be neat and not a distraction to other students. Wearing of jewelry is prohibited.

Student Behavioral Contract
The purpose of this contract is to inform the undersigned student that he/she must comply with the provisions of the Linden Fire Department Junior Fire Academy and to specific terms set forth in this contract. The student understands that due to the nature of this academy, there will be zero tolerance rules in effect. Undesirable conduct, such as horseplay or a violation of the student code of conduct, will result in immediate removal of the student from the academy. This contract is in effect for the safety of all students and to maintain discipline and order. This contract represents an agreement by the student that he/she received a copy of the Code of Conduct and the student agrees to adhere to this code at all times while at the academy.

Applicant Name: ____________________________________________

Signature of Applicant: _______________________________ Date: __________________

Signature of Parent/Guardian: ___________________________ Date: __________________
LINDEN FIRE DEPARTMENT
Junior Fire Academy

Release of Liability Form

I, ____________________________________________, the undersigned Parent/Guardian of

__________________________________________, residing at _________________________________________ in Linden, New Jersey,
do hereby give my son/daughter permission to attend the Linden Fire Department Junior Fire Academy and in
consideration of allowing him/her to participate in the above named program, I voluntarily and knowingly release
and discharge the Junior Fire Academy, Linden Fire Department, City of Linden, facilities managers, and all
instructors and participants in this program as well as all others who may be liable from all claims, present and
future, known or unknown, in any manner arising out of his/her participation in the Linden Fire Department Junior
Fire Academy. Participants will have the opportunity to be physically conditioned, including but not limited to daily
physical training, and agility course; tour the Linden Fire Department, Union County Fire Academy and will be
viewing demonstrations from city and county assets. Recruits will be transported to the Union County Fire Academy
in Linden. Applicants will be held to an understanding of a paramilitary rank structure and the Code of Conduct set
by the Linden Fire Department. If at any time a recruit is sick, receives an injury, or will not be participating in a
scheduled event, the Linden Fire Department shall be contacted, via the Fire Headquarters main desk at (908) 474-
8611, at least two (2) hours prior to the scheduled arrival time so that a report may be filed. Failure to comply may
result in discharge of the recruit.

This hold harmless agreement is a testament to my understanding of the above evidenced by my signature below.

__________________________________________  Date: _____________

Signature of Applicant: ________________________________

__________________________________________  Date: _____________

Signature of Parent/Guardian: ________________________________
LINDEN FIRE DEPARTMENT
Junior Fire Academy
Photograph Release Form

Linden Fire Department
302 S. Wood Avenue
Linden, NJ 07036
Permission to Use Photograph

I grant the Linden Fire Department, its representatives, employees and/or their designee the right to take photographs of me and my property in connection with the Linden Fire Department Junior Fire Academy. I authorize the Linden Fire Department, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Linden Fire Department may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Applicant’s Name (Print): _______________________________________________________

Organization Name (if applicable): ________________________________________________

Address: _____________________________________________________________________

City: ___________________________ State: ___________________ Zip Code: __________

________________________________________
Signature of Applicant: ___________________________ Date: __________

________________________________________
Signature of Parent/Guardian: ___________________________ Date: __________
FIRE ACADEMY HOLD HARMLESS AGREEMENT

Name of Participant: ________________________________ Age: __________

Address: ____________________________________________________________________________________

Emergency Contact: __________________________________________________________________________

Telephone Number: __________________________________________________________________________

Parent/Guardian Name: _______________________________________________________________________

Event/Organization: ___________________________________________ Date: ___________________

The undersigned parent/guardian/participant (collectively the "Undersigned"), personally agrees to indemnify and hold harmless, from any and all liability, the County of Union, the Union County Fire Academy, and all of its officers, employees, servants, and agents, for any and all claims, costs and expenses, including reasonable attorney’s fees, resulting from personal injury, or property damage arising from the participant’s involvement with event operations at the Union County Fire Academy.

The Undersigned, for himself/herself, his/her heirs, executors and administrators, waives, releases and forever discharges any and all rights and claims for damage which he/she may hereafter accrue arising out of or connected with the participant’s involvement in this event.

The Undersigned understands there may be physical activity, including participating in fire training exercises and that such activities involve certain risks or personal injury. With the Undersigned’s signature on this form, he/she is representing the participant does not have any health problems or physical limitations that would be affected by participation in such physical activities. The Undersigned understands the event may include a supervised demonstration of a real fire and the techniques used to extinguish same.

By signing this Agreement, the Undersigned acknowledges and represents he/she has read, understands, and voluntarily signs this Hold Harmless Agreement for full, adequate, and complete consideration fully intending to be bound by same.

__________________________________________  __________

Parent/Guardian/Participant (Please Print) Date

__________________________________________  __________

Parent/Guardian/Participant Signature Date
Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The City of Linden Fire Department has put in place preventative measures to reduce the spread of COVID-19; however, the City of Linden Fire Department cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the City of Linden Fire Department Jr. Fire Academy could increase your risk and your child(ren)’s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the City of Linden Fire Department Jr. Fire Academy and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the City of Linden Fire Department Jr. Fire Academy may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of Linden Fire Department employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at the City of Linden Fire Department Jr. Fire Academy. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the City of Linden Fire Department, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City of Linden Fire Department, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in the Jr. Fire Academy.

________________________________________  ____________________________
Signature of Parent/Guardian    Date

________________________________________  __________________________________
Print Name of Parent/Guardian    Name of Jr. Fire Academy Participant(s)