

# ISLAND IGNITE 2023



## Participant Application

### Applicant Information

Full Name: \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_

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

\_\_\_\_\_ *City* \_\_\_\_\_ *Province* \_\_\_\_\_ *Postal Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  
yyyy-mm-dd: \_\_\_\_\_ (Fall 2023) \_\_\_\_\_

### Parent/Guardian Contact Information

Parent/Guardian Full Name: \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### General Information

How did you hear about Island Ignite?

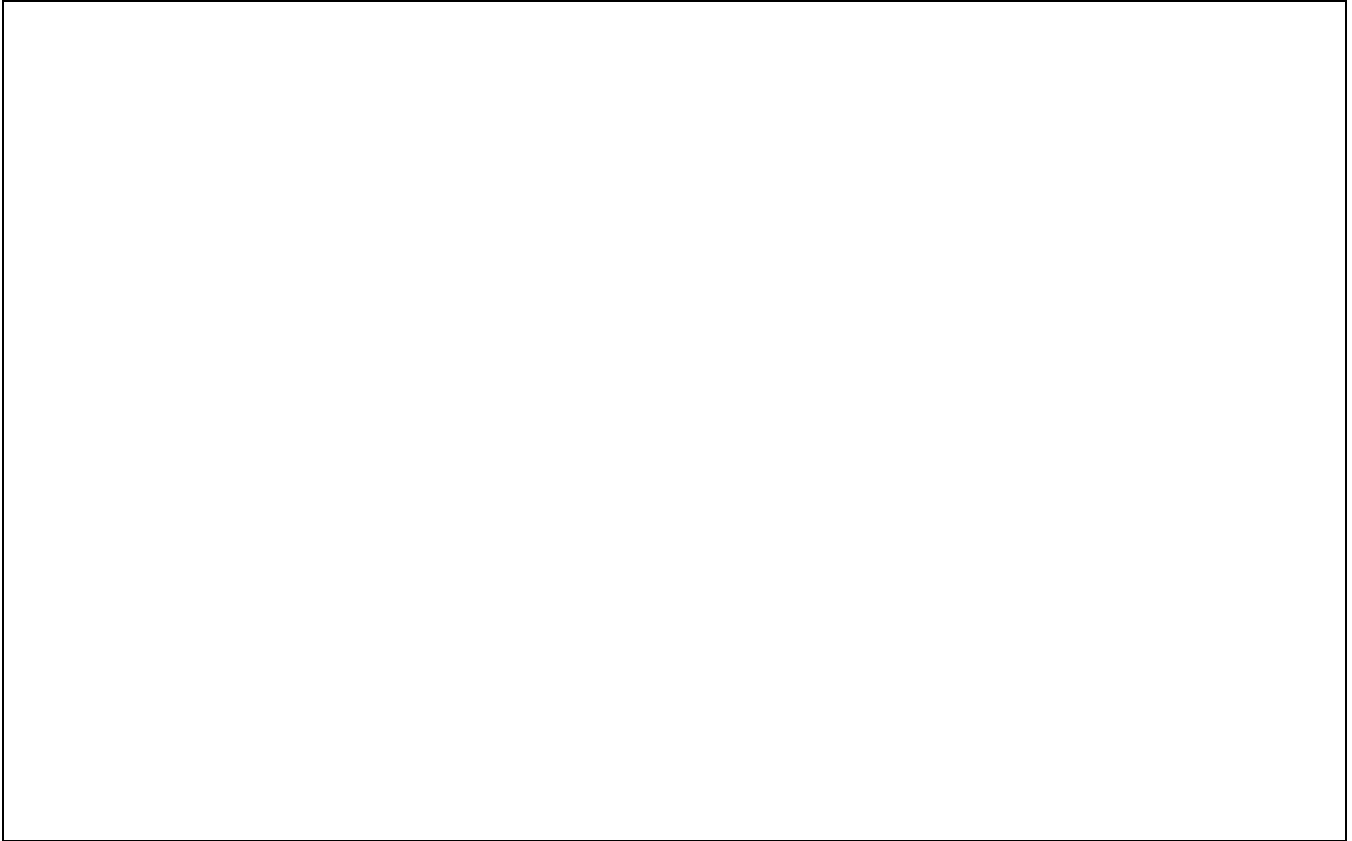
Do you have any previous firefighting experience? *\*Not required to participate*

Yes

No

If yes, please provide details

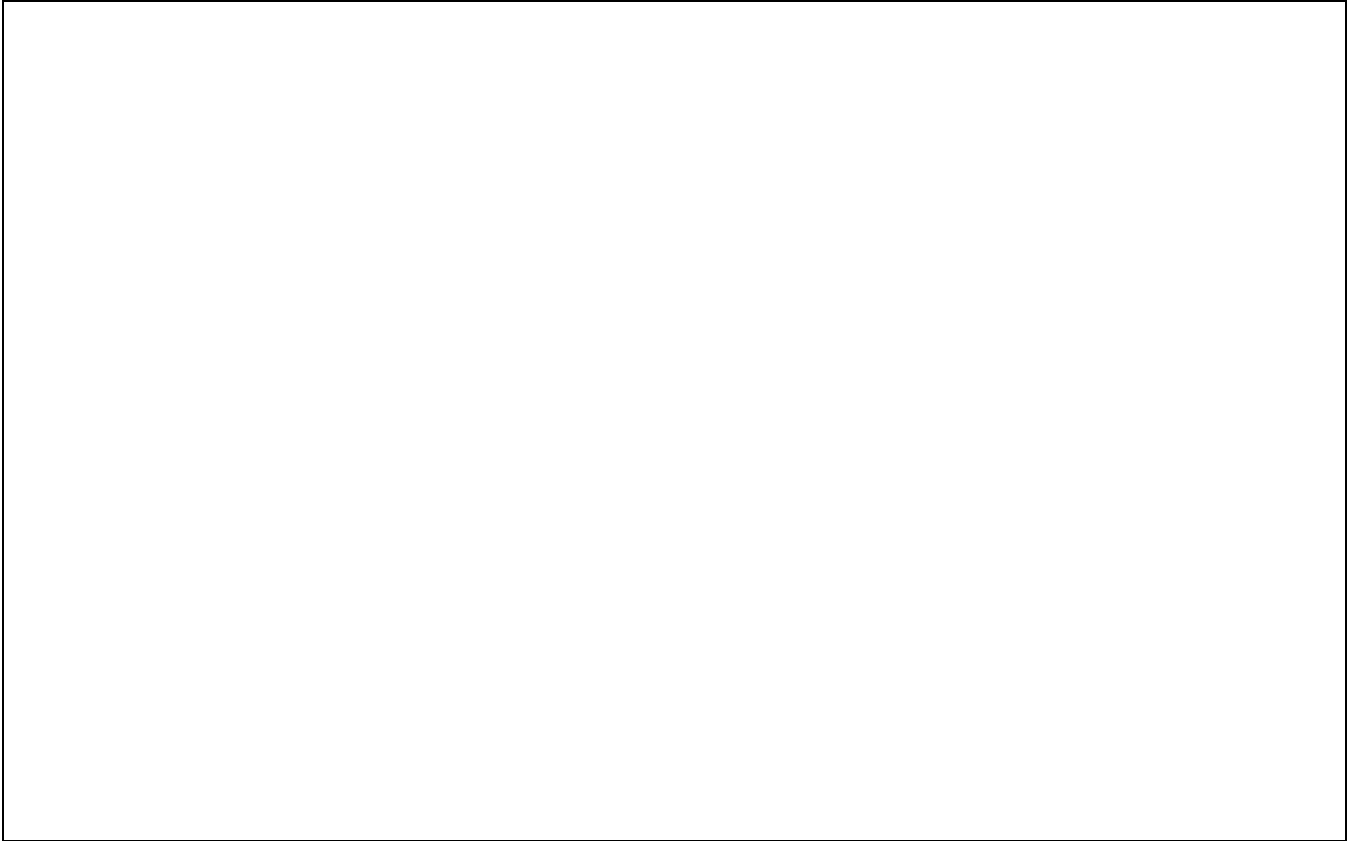

Tell us about yourself (this could include interests, sports, hobbies, work experience, volunteer experience, etc.)

A large, empty rectangular box with a thin black border, intended for the student to write about their interests, sports, hobbies, work experience, or volunteer experience.

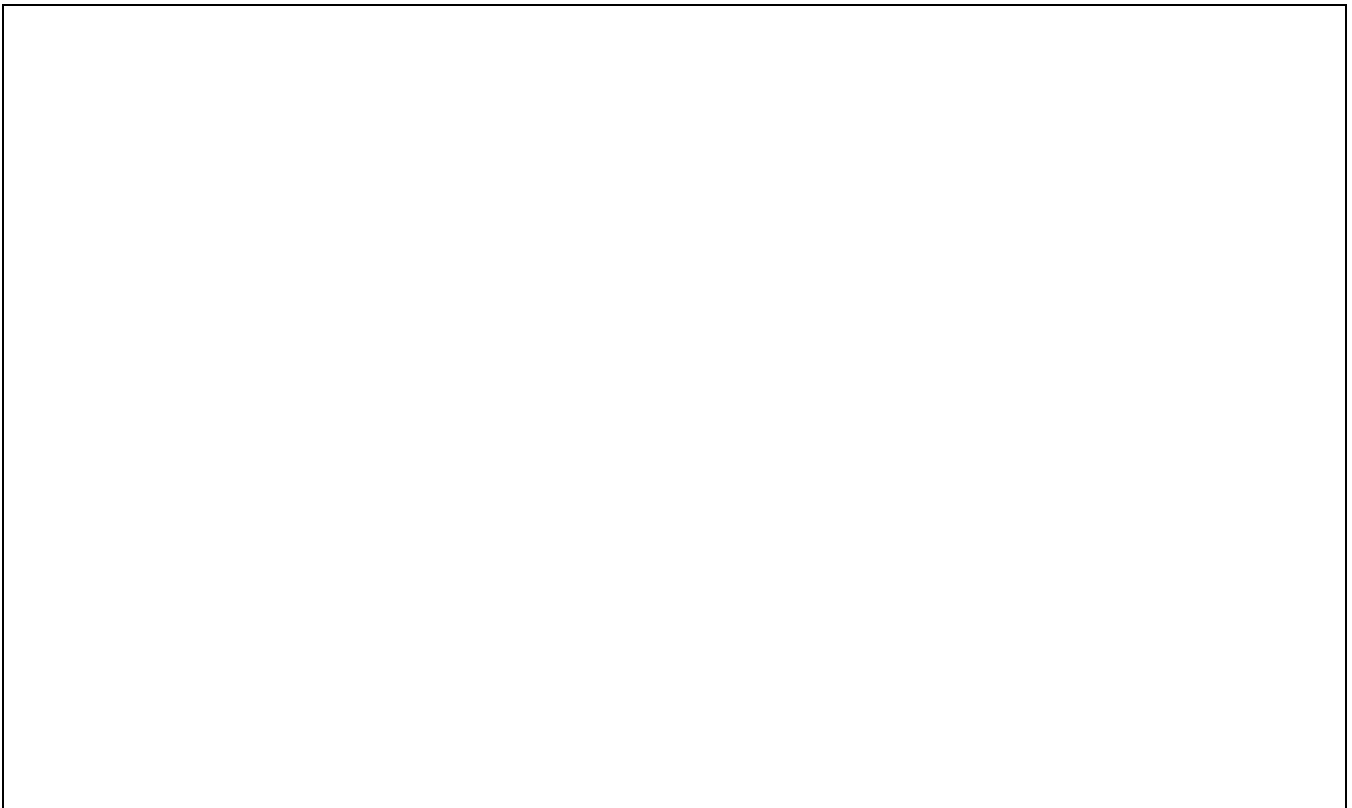
Tell us about your goals (this could include short term goals in high school, post secondary or trades, career goals, etc.)

A large, empty rectangular box with a thin black border, intended for the student to write about their short-term goals in high school, post-secondary or trades, or career goals.

Tell us about a personal achievement that makes you proud

A large, empty rectangular box with a thin black border, intended for the respondent to write their answer to the question above.

Tell us what interests you about emergency services and what you hope to take away from this experience

A large, empty rectangular box with a thin black border, intended for the respondent to write their answer to the question above.

## Additional 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):

Do you have any dietary restrictions, food allergies or sensitivities we should know about?

## Signatures

Applicant's  
Signature: \_\_\_\_\_

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

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

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



Please submit your completed applications to [info@islandignite.com](mailto:info@islandignite.com) by **May 1st 2023**