## Camp Ignite 2023 Participant Application



		Applicant Informati	on		
Full Name:					
Address:	Last		First		
	Street Address				
Phone:	City	Province Email:	Postal Code		
Birthdate:	Grade:		School:		
	yyyy-mm-dd	Fall 2023			
Device 12		t / Guardian Contact Ir	normation		
Parent / Guarc	dian Full Name:				
	1		<b>F</b> irst		
Phone:	Last		First Email:		
_					
		General Informatio	on		
How did you hear about Camp Ignite?					
Have you applied to Camp Ignite Previously?		If yes, when?			
□Yes □No					
Do you have any previous firefighting experience? NOT REQUIRED TO PARTICIPATE		lf yes, please pr	If yes, please provide details.		
□Yes □No					

What about Fire and Emergency Services interests you?

Please tell us about your volunteer or work experience. Please include any relevant skills or experience.

Please tell us about your interests, including any participation in sports or hobbies.

What do you hope to take away from your experience at Camp Ignite?

## 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?

**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.

	Signatures	
Applicant's Signature:		Date:
Parent / Guardian Signature:		Date:

The deadline for application submissions is May 1<sup>st</sup>, 2023.

Please email application to: info@campignite.com