

- **Volunteers for the camp will be on a first come/first serve basis and a maximum of 6 volunteers per camp.**
- **Age of the camp volunteers is 12 and older**
- **Previous campers are given first right of refusal to participate as a Volunteer**
- **All volunteers must fill out a form and have it submitted before the deadline in order to volunteer for the Suffolk Fire & Rescue, Fire & Life Safety Camp and to get credit for volunteer hours.**
- **Selected Volunteers must attend an orientation (date to be announced)**
- **All volunteers will help with clean up at the close of each camp day. This means you would not leave until after 1:30 unless you have made arrangement with the camp staff.**
- **Dress code will be strictly followed.**

We look forward to working with you and you being part of a great program.

Informed Consent & Release of Liability

City of Suffolk

Department of Fire & Rescue

(This completed form is *required* for all volunteers)

Volunteer information:

Name (please print): _____ Phone Number: _____

Address: _____ City, State, Zip _____

Age: _____ Grade: _____ Shirt size: _____

PARENT/LEGAL GUARDIAN INFORMATION

Name (please print): _____

Address: _____ City, State, Zip _____

Home # _____ Work # _____ Cell # _____

I, _____ ; the undersigned give my permission as Parent Legal Guardian

For my son/daughter _____ (*Name of child*) to participate as a Suffolk Fire & Rescue Volunteer at the 2022 Suffolk Fire & Life Safety camp for :

Session 1 (June 20-24) Session 2 (July 18-22) Session 3 (August 15-19)

I, _____ (*Name of parent/legal guardian*) for myself my heirs, personal representatives or assigns, and

on behalf of _____ do hereby release, waive and forever discharge the City of Suffolk, Suffolk Fire &

Rescue, its Council members, officers, employees, and agents for liability from any and all claims, demands, rights and causes of action of whatever kind resulting in, but not limited to, bodily injury, personal injury, accident or illness (including death), and property damage sustained by me or my child arising from participation in the 2022 Suffolk Fire & Life Safety Camp.

I shall indemnify and hold harmless the City of Suffolk, its Council members, officers, employees, and agents against any and all claims, losses, damages, fines, penalties, suits and costs, including injury and death penalties imposed by an authority which arise out of any violation of law by, and all acts and omissions caused by me, my child, or other members of my family during the participation in the 2022 Suffolk Fire & Life Safety Camp. Furthermore, I agree to accept any all financial responsibilities of scheduling such treatment.

I have reviewed the rules, regulations and codes of conduct as outlined by Suffolk Fire & Life Safety with my child. He/She agrees to abide by all rules, regulations and codes of conduct. I understand that the City of Suffolk nor the Suffolk Fire & Rescue will not be held liable if my child fails to cooperate with said regulations and that any infractions may result in immediate event dismissal and transportation home at parent/legal guardian's expense.

Parent/Legal Guardian

Date:

Signature: _____

PHOTO RELEASE

Permission is hereby granted to the City of Suffolk to use the photographs and quotation(s) of my son/daughter to assist in the community awareness, educational efforts and related public relations purposes that may include brochures, posters, web site and print media from the City of Suffolk events/activities.

Parent/Legal Guardian Signature: _____ Date: _____

Informed Consent & Release of Liability
City of Suffolk
Department of Fire & Rescue

(This completed form is *required* for all participants and volunteers under the age of 18)

Participating Youth's name: (please print) _____

YOUTH

As a participant of the **Suffolk Fire & Life Safety Camp**, I understand and agree to abide by all rules, regulations and codes of conduct as outlined by the City of Suffolk. I also understand and agree to notify my parents/legal guardian at the time of any infractions requiring my dismissal from the **Suffolk Fire & Life Safety Camp** and that I will be sent home at my own and/or parents/legal guardian's expense.

Youth Signature: _____ Date: _____

MEDICAL INFORMATION: (Please Print)

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

My child is allergic to (medication/food/other): _____

My child must take the following medication (include dosage, frequency, etc.): _____

You should be aware of these special medical conditions or needs of my child (dietary, asthma, wearing of contacts, etc.):

FOR CITY OF SUFFOLK USE ONLY

Received Date: _____ Medical requirements reviewed and noted _____

Received By: _____