NEW WESTMINSTER

JIBC
School of Public Safety
Fire & Safety Division

New Westminster Youth Firefighter Program

Application Package

2025

Friday, May 16 | 5:00 pm (Application deadline)
May 20 - May 21 | (Physical Abilities Test)
Tuesday, June 17 | 7:00 - 8:00 pm (Info session for students and parents)
July 7 - 11 | 8:30 am - 4:30 pm (Training, education, and live firefighting)

Introductory Letter

The New Westminster Youth Firefighter Program (YFFP) is a collaborative initiative between The Justice Institute of B.C., New Westminster School District, New Westminster Fire Department, and the City of New Westminster. The YFFP is geared for students in grades 10 - 12 interested in learning more about the fire service as a potential career.

This unique program aims to place students in a fire academy-like situation featuring classroom review, workplace experience, and live-fire combat. Once selected, students will experience much of what a firefighter would experience, but in a condensed format. Students will receive instruction on personal protective equipment, basic firefighting first aid and auto-extrication skills. Due to the intensity of the program, regular and prompt attendance is required. The group will meet daily at the Queensborough Fire hall (1011 Ewen Avenue, New Westminster), from 8:30 am to 4:30 pm.

The YFFP includes the opportunity for youth to fill out an application form, as well as experience a live interview. Opportunities valuable within themselves. All applications will be screened and all applicants given a time for an interview. Those who pass the initial screening will proceed to the next stage. Staff in the Fire Prevention Office will conduct a secondary round of screening and interviews. The Fire Chief will then make the final selections. After which, successful applicants will be notified to accept their spot in the YFFP. Those not receiving a call may inquire about personal feedback.

The program's design is to give students an experience, which is fun, educational, physical and mental. If you have any questions regarding the program and its parameters, please contact one of the staff facilitating the program listed below.

Thank you for your interest and participation.

Wishing you good luck and much success!

Erin Williams

Fire Chief | New Westminster Fire & Rescue Services
604-519-1000

Dustin Matson
Assistant Fire Chief | New Westminster Fire & Rescue Services
604-209- 4100| dmatson@newwestcity.ca

Bill Shokar
Chief Training Officer | New Westminster Fire & Rescue Services
604-679-1339 | bshokar@newwestcity.ca

Paolo Zenone
Program Coordinator, Youth Services | New Westminster Parks and Recreation
604-834-0303 | pzenone@newwestcity.ca

Application Instructions

Please read the application carefully. Plan ahead, as some requested items take time to obtain. Any youth wishing to apply may do so, but the following criteria are preferred:

- Possesses a genuine interest in firefighting.
- Current Grade 10, 11, or 12 students.
- In good standing in all classes – maintaining a minimum C+ Average.
- Positive attendance record at school.
- Willingness to work.
- Reference from a teacher or other recognized adult in the community.
- Physically and medically fit – a doctor's approval may be required.
- No criminal record.

Every portion of the application must be complete. *If there is a section that does not apply to you, place 'N/A' on the line so that every portion is completed.*

All applications must also include the following:

1. Resume
2. Letter of reference

Important Dates

APPLICATION DEADLINE: Friday, May 16, 2025

Return to any of the following locations:

- Queensborough Community Centre – 920 Ewen Ave, New Westminster
- Century House/New West Youth Centre – 620 Eighth Street, New Westminster
- Moody Park Arena – 701 Eighth Ave, New Westminster
- Queens Park Arena – 3rd Avenue, New Westminster
- New Westminster Fire Hall #1 – 1 East Sixth Avenue, New Westminster
- New Westminster Fire Hall #2 – 820 13th Street, New Westminster
- New Westminster Fire Hall #3 – 1011 Ewen Avenue, New Westminster

INTERVIEW PERIOD: Monday, May 26th - Friday May 30th, 2025

Successful Applicants will be interviewed by the City of New Westminster's Youth Services staff and New Westminster Fire Department representatives. All applicants will be notified their standing after final selections.

SELECTION DEADLINE: Friday June 6th, 2025

MANDATORY INFORMATION SESSION: Tuesday, June 17th, 2025

For all successful candidates and their parent/guardian at Century House, 620 Eighth Street, New Westminster.

YFFP Application Checklist

Before submitting application, ensure the following are complete:

- ❑ A Grade 10 – 12 student
- ❑ Resume
- ❑ Letter of Reference (from Teacher or other recognized adult in the community)
- ❑ Signature of School Counselor (verified C+ average - Page two of Application)
- ❑ Completed Questionnaire
- ❑ Signature of Applicant and Parent/Guardian
- ❑ You and a parent/guardian are available for a mandatory information session:

Tuesday June 17th, 2025 from 7:00 - 8:00 pm

Signature of Parent/Guardian on waiver/release form required at this meeting

Century House – 620 Eighth Street, New Westminster.

❑ You are available for the following dates of the Youth Firefighter Program:

- **July 7th - 11th | 8:30 am - 4:30 pm** (Summer Break)
- **1 weekend day in October - date to be determined** (NWFRS Open House)

APPLICATION DEADLINE: Friday, May 16th, 2025.

Note: Preference will be given to applicants who are residents of New Westminster, but applicants do not have to live within the city limits.

YFFP Application Form

PERSONAL INFORMATION

Surname	First Name	Middle Name or initial	
Parent/Guardian Name	Phone Number	Emergency Number	
Address	City	Postal Code	
Date of Birth (Year / Month / Day)	Place of Birth		
BC Care Card Number	Doctor's Name	Doctor's Phone Number	
Are you a resident of New Westminster?			
Do you have any special dietary / medical requirements? If YES, please list:			
Do you have any phobias (height, enclosed spaces, etc.)? If YES, please explain:			
Do you wear corrective lenses (glasses or contact lenses)? If YES, please explain:			
List your skills that you think may pertain to being a Firefighter:			
List your hobbies and interests outside of school:			

EDUCATION

Current Grade:	Current School:

Section to be completed by school counselor:

By signing this, I acknowledge that the above applicant - in accordance with the New Westminster Youth Firefighter Program standards - currently maintains a preferred minimum C+ average in his/her classes.

Counselor Name:

Counselor Signature:

Describe any extra-curricular activities or intramurals that you are involved in at school:

What are your future goals?

MEDICAL

Please read the following carefully:

Firefighters must maintain a high level of fitness to perform their duties effectively and professionally. At the New Westminster Youth Firefighter Program, you are expected to be in good physical condition and health.

The physical components of the New Westminster Youth Firefighter Program include physically strenuous work, simulations of fire scenarios, and live fire training.

Read and honestly answer each of the following questions. Any information regarding injuries must be volunteered. **If it is not and the injury surfaces during the activities at the YFFP, the student will be asked to leave the program.**

List any injuries or illnesses affecting physical activity:
List your hobbies and interests outside of school:
Have you been under a doctor's care for any reason within the preceding two years?
Do you have a bone or joint problem that could be aggravated by physical activity?
Do you feel pain in your chest when you exercise?
Do you experience dizziness or have you ever lost consciousness?
Are you currently on medication? Yes, please outline:
Do you smoke, vape or use e-cigarettes?

EXPERIENCE

Please describe any volunteer work you have done in the community:
Please list paid jobs you have had and the position you held:
Why do you think you would be an asset to this program?

By signing this form, I acknowledge that all of the included information is true,

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

New Westminster Youth Firefighter Program

Frequently Asked Questions

1) **Where can I return my application form?**
   A. Any Recreation facility or New Westminster Fire Hall! Refer to Page 2 of this application package for a full list of return locations and their addresses.

2) **If I'm unsure how to fill out this form, who can I talk to?**
   A. Staff members at the NEW WEST YOUTH CENTRE are available to assist in completing all sections of this form. Just stop by and ask for assistance!

3) **What if I don't have a resume?**
   A. Staff members are available at the NEW WEST YOUTH CENTRE to assist in the development of a personal resume for any applicant you needs one. Just stop by and ask!

4) **As a parent, can I come and watch the 'live fire' training in Maple Ridge?**
   A. Absolutely! Dependent on availability in the student bus, parents may have to utilize their own vehicles to transport themselves to and from the Maple Ridge training location (13500 256th Street, Maple Ridge).

5) **Are the Fire Department activities difficult for a common person to complete?**
   A. Some of the activities that are included in the Youth Firefighter Program require physical exertion. Activities performed would be similar to and advanced P.E. or Fitness program at school or Recreation facility. If you have further questions, feel free to contact the New West Youth Centre at 604-515-3801.

WAIVER/RELEASE FORM

****DO NOT INCLUDE THIS FORM WITH APPLICATION****

CITY OF NEW WESTMINSTER
PARKS AND RECREATION

YOUTH FIREFIGHTER PROGRAM 2025

CONSENT TO PARTICIPATE AND ASSUMPTION OF RISKS, RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

BY SIGNING THIS AGREEMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ THIS AGREEMENT CAREFULLY BEFORE SIGNING

Name of Child: _____

Date of Birth (dd/mm/yy): _____ Grade: _____ Shirt Size: _____

Name of Parent: _____ Phone Number: _____

Address:
_____

To: The City of New Westminster and its elected officials, officers, employees, servants, agents, invitees and representatives (collectively, the "Releases").

CONSENT TO PARTICIPATE

I consent to my child _____ participating in the New Westminster Youth Firefighter Program. I understand that my child will be involved in various activities, including but not limited to: fire suppression activities, lifting heavy equipment, swimming in open water, public education and various forms of fire prevention training. I further consent to the use of my child's name and photograph by the City of New Westminster for promotional purposes and City events.

I understand that my child will be required to provide his/her own transportation to and from New Westminster Fire Hall #3 (located at 1011 Ewen Avenue, New Westminster) for the duration of the Firefighter Program.

If my child requires medical attention at any time during the Firefighter Program, I consent to my child being transported to the nearest emergency centre by ambulance, if necessary. I acknowledge that I am responsible for all costs and expenses associated with my child's participation in the Firefighter Program, including for any necessary medical services.

☐Initial_____

ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS
I recognize that participation in the New Westminster Youth Firefighter Program involves many risks, dangers and hazards. Including but not limited to: damage, loss, injury or death arising from participation in the Firefighter Program, the actions or inactions of my child or myself, the actions or inactions of other participants in the Firefighter Program, or the negligence of others, including negligence on the part of the Releases.

I freely assume all of the risks, dangers and hazards involved in my child's participation in the Firefighter Program, and the possibility of personal injury, death, property damage and loss resulting therefrom. I state the following:

1. My child is in good physical condition and capable of participating in strenuous physical activity.

2. It has been recommended to me that my child undergo a medical examination prior to participating in the Firefighter Program. My child **has / has not** (circle one) undergone a medical examination to ensure he/she is physically capable of participating in the Firefighter Program.

3. It is my responsibility to advise the City of New Westminster of any medical or other condition that may affect my child's participation in the Firefighter Program. I have listed all such conditions below.

☐Initial_____

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT
In consideration of the Releases allowing my child, on whose behalf I sign this Agreement, to participate in the Firefighter Program, I agree, on behalf of my child, as follows:

1. TO WAIVE ANY AND ALL CLAIMS, SUITS, ACTIONS, LIABILITIES, EXPENSES, DAMAGES AND LOSSES that I have or may have, or my child, heirs, next of kin, executors, administrators, representatives or assigns may have against the Releases and TO RELEASE the Releases from any and all liability for any loss, damage, injury, death or expense that I may suffer, or that my child or next of kin may suffer, as a result of or arising out of my child, on whose behalf I sign this Agreement, participating in the Firefighter Program DUE TO ANY CAUSE WHATSOEVER, including but not limited to ANY WRONGFUL ACT, OMISSION OR NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY STATUTORY OR ANY OTHER DUTY OF CARE on the part of the RELEASEES or otherwise;

2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from and against any and all liability for any damage, loss, expense or injury to my child, on whose behalf I sign this Agreement, or to any third party resulting from my child's participation in the Firefighter Program;

3. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity;

4. This Agreement shall be governed by and interpreted in accordance with the laws of British Columbia and any litigation involving the parties to this Agreement shall be brought within the Province of British Columbia.

☐Initial_____

I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND I AM AWARE THAT BY VOLUNTARILY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, WHICH I OR MY CHILD IN RESPECT OF WHOM I AM SIGNING THIS AGREEMENT, OR OUR HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, REPRESENTATIVES OR ASSIGNS MAY HAVE AGAINST THE RELEASEES.

X_____ _____
Signature of Parent or Guardian Date

_____
Printed Name of Parent or Guardian

X_____ _____
Signature of Witness Date

_____
Printed Name of Witness

PARTICIPANT MEDICAL INFORMATION

ALLERGIES (list all):

_____
_____
_____

CARE CARD NUMBER: _____

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact:

_____

Relationship to Participant:

_____

Phone Number:

_____

Doctor's Name:

_____

Doctor's Phone Number:

_____

OTHER INFORMATION / HEALTH CONCERNS:

_____
_____
_____
_____
_____
_____
_____
_____