

2026 El Paso Fire Department Summer Youth Academy

The EPFD Summer Youth Academy will return this year with **two sessions tailored by age group**. The first session will welcome participants ages 10–13, while the second session will be designed for youth ages 14–17. We are proud to offer local youth a unique opportunity to gain a deeper understanding of fire and life safety while developing valuable skills in search and rescue operations, teamwork, leadership, and community advocacy alongside the El Paso Fire Department. Participants will be selected based on the **completed answered questions in their application** and their suitability for the program.

Camp Session 1 | Ages 10–13

Monday, June 29, 2026 – Thursday, July 2, 2026

8:00 AM – 1:00 PM

Camp Session 2 | Ages 14–17

Monday, July 6, 2026 – Friday, July 10, 2026

8:00 AM – 1:00 PM

The deadline to submit applications is **June 15, 2026**. Applications must be completed, signed, and emailed to: Brackn@elpasotexas.gov

Learning at the Youth Academy is highly interactive and hands-on. Many activities are conducted in pairs or teams, encouraging participants to work together, build trust, and rely on one another to succeed. Due to the nature of the activities and training environments, participants must follow all rules and safety instructions at all times.

Participants should wear comfortable clothing, sunscreen, and closed-toe shoes (no sandals or flip-flops), and should bring bottled water each day.

All Youth Academy activities will take place at the El Paso Fire Department Training Academy, located at 6800 Delta Drive. The program runs daily from 8:00 AM to 1:00 PM and is **FREE** to all eligible participants. Lunch will be provided each day.

If you have any questions or concerns, please feel free to contact the EPFD Youth Summer Academy Coordinator:

FST Jacqueline Manriquez

(915) 212-0380

APPLICATION FOR ENROLLMENT

Applicants must be between 10-17 years of age to apply. Please be sure to complete the entire application.

Send completed applications to: Brackn@elpasotexas.gov

APPLICANT INFORMATION

First Name: _____ Last Name: _____

Address (Street, City, State & Zip): _____

Date of Birth: _____ Age: ____ Home Phone: _____

Alternate Phone: _____

Email: _____

Adult T-Shirt Size: Small Medium Large XLarge XXLarge

Name of School: _____ Grade Level: _____

Are you employed? Yes No (If Yes, please indicate where): _____

Are you willing to abide by a dress code? Yes No

PARENT/GUARDIAN INFORMATION

Name of Parent/Legal Guardian: _____

Home Address: _____

Phone: _____ Alternate Phone: _____

Email: _____

EMERGENCY CONTACT INFORMATION

(an alternate contact from parent/guardian listed above)

Name: _____ Relationship: _____

Phone: _____

Diet/Allergy Considerations for Applicant

List any food restrictions/reactions we should be aware of. List any substances your child is allergic to, including insects, food, environmental, or other factors.

Medications

List any medications used by the applicant and their purpose.

Applicant Medical Coverage (For Emergency Use Only)

Company: _____ Phone: _____

Name of Insured: _____

Policy Number: _____ Physician: _____

Physician Phone Number: _____

APPLICANT PERSONAL STATEMENT & RESPONSES

To be completed by the participant:

Here are some words to describe me: (list 5)

My favorite subject(s) in school: _____

In my spare time, I like to:

When I think about careers, I think I want to be:

When I hear the word “leader,” the first person who comes to mind is: (list who and why)

Here is what I did during my school break last summer:

Questions continued on next page

CODE OF CONDUCT

The El Paso Fire Department's Summer Youth Camp provides campers with the unique opportunity to enter the world of firefighting. This includes learning about equipment and other property that are generally off limits to the public and which must be treated with care, both for the safety of the user and other campers, staff and public, and to maintain the integrity of the equipment.

As a participant in the Summer Youth Academy, I agree to abide by the following rules of conduct:

1. I will abide by the rules communicated by staff, verbally and in writing and abide by any posted rules on City property.
2. I will participate in all activities, as directed by staff, which may include alternate activities if I am not able to safely complete the scheduled activities.
3. I will maintain a positive attitude and engage in positive communications throughout the three-day Summer Youth Academy
4. I will respect and support my teammates, fellow campers, and staff at all times.
5. I will care for all equipment and property used in the Summer Youth Academy as directed by staff and will treat all training academy and City of El Paso property with respect.
6. I will refrain from engaging in behavior which may result in injury to myself or others.
7. I will engage in Summer Youth Academy activities only when staff members are actively supervising the activities.
8. I will abide by all laws and refrain from bringing into the Summer Youth Academy or using in the Summer Youth Academy, any substances that are illegal for adults and/or minors.
9. I will report to a staff member any behavior or activity I am aware of or believe will take place which compromises the welfare of people or property.
10. I will let a staff person know if I am encountering any problems which could compromise my following any of the rules listed above.

I have read and understand the above Code of Conduct and understand that if I do not live up to these conditions, I will receive counseling and/or be sent home.

Student Name & Signature

Date

Parent/Guardian Name & Signature

Date

RELEASE OF LIABILITY

CITY OF EL PASO FIRE DEPARTMENT

Activity Description: **El Paso Fire Department's Summer Youth Camp**

Date(s) of Activity: **June/July 2026**

I hereby release the City of El Paso, its officers, employees, agents and volunteers from any and all liabilities, claims, demands, causes of action or obligations whatsoever, known or unknown, directly or indirectly arising out of or relating to my participation in the City of El Paso Fire Department activity described above; including, without limitation, all liabilities, claims, demands, causes of action or obligations including personal injury, death and property damage, arising out of my participation in said activity, or damages caused by or occurring in connection with that activity.

I HAVE READ AND UNDERSTAND THIS RELEASE AND THE OBLIGATIONS THAT IT CREATES. I AM LEGALLY ABLE AND AUTHORIZED TO SIGN THIS RELEASE AND VOLUNTARILY DO SO.

Signature of Participant _____ Date _____

Signature of Participant's Parent _____ Date _____

Printed Name of Participant _____

Printed Name of Participant's Parent _____

Participant's Address: _____

Emergency Contact (Name & Phone): _____

IMAGE/MEDIA RELEASE FORM

Participants may be photographed, videotaped, recorded, interviewed or quoted for marketing, educational or training purposes, as well as to provide campers and staff with memories of their week at the Summer Youth Academy.

Images and recordings may be shared with or displayed through:

- City media (website, publications and social media).
- Commercial media (radio, television and newspaper).
- Bulletins or newsletters used by businesses, schools, churches, government agencies, non-profits, etc.
- Documents provided to actual or potential Summer Youth Academy funding sources.

Any photography or videotaping is likely to be carried out by EPFD/City staff. However, members of the media will be invited to observe, photograph, interview, record and publicize portions of the Summer Youth Academy.

This release will enable campers and their families to enjoy memories of the camp for years to come and enhances El Paso Fire Department's ability to recruit future campers and commercial sponsorship.

I, _____, agree to allow EPFD/City of El Paso staff, and media representatives to photograph and/or record my son/daughter during the Summer Youth Academy for the purposes explained above.

Parent/Guardian Signature

Date

I understand that all information provided is accurate and will be used for the purpose of determining eligibility in the Summer Youth Academy. I certify that the information on this application is true and correct to the best of my knowledge and I understand that any false statement could lead to my child's dismissal from the Summer Youth Academy.

Student Signature

Date

Parent Signature

Date