

# Dear Applicant...

Thank you for expressing interest in the El Paso Fire Department's Summer Youth Camp.

We are excited to offer this unique opportunity for local youth to gain an understanding of fire and life safety issues while developing valuable skills used in search and rescue operations, team-building skills, and become an advocate for safety and the El Paso Fire Department.

**The Summer Youth Camp is limited to 18 students between the ages of 13-17 who will be selected based on the attached application.** Preference will be given to those who have not attended the camp previously. Campers will be chosen on the basis of their suitability for Summer Youth Camp, as will be determined by the enclosed application. **The final deadline to submit applications is May 30, 2025. Applications must be filled, scanned and e-mailed to: [GonzalezHA@elpasotexas.gov](mailto:GonzalezHA@elpasotexas.gov)**

Learning at the Summer Youth Camp is highly interactive and hands-on in nature. Most activities are conducted in pairs or teams, in which the campers must work together and rely on each other to succeed. The nature of the activities and the locations where they are conducted require campers to follow explicit rules in order to ensure everyone's safety. Campers should wear comfortable clothing, sunscreen, closed-toed shoes (no sandals or flip-flops) and bring bottled water with them.

**Summer Youth Camp activities will be held at the El Paso Fire Department's Training Academy located at 6800 Delta Drive. The Summer Youth Camp will run from 8:00 a.m. to 1:00 p.m. on June 11-13 and is FREE to all eligible participants. Lunch will be provided all three days.**

We are pleased you want to support your child's interest in life safety through this unique, fun, educational and hands-on program!

Please contact Public Affairs Manager, Hector Gonzalez, at (915) 820-9712 if you have any questions or concerns.

Sincerely,  
**Wilfred E. Langfeldt**  
**Training Academy Chief**  
**El Paso Fire Department**

## APPLICATION FOR ENROLLMENT

*Applicant must be between 13-17 years of age to apply. Please be sure to complete the entire application and print legibly.*

*Applications must be filled, scanned and emailed to: GonzalezHA@elpasotexas.gov before May 30, 2025.*

### 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

Please explain why you want to be part of the El Paso Fire Department's Summer Youth Camp:

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## **PARENT/GUARDIAN INFORMATION**

Name of Parent/Legal Guardian: \_\_\_\_\_

Home Address:

\_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

## **Diet/Allergy Considerations**

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 and their purpose.

\_\_\_\_\_

## **Medical Coverage**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Physician: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

## YOUTH INFORMATION

**To be completed by the participant.**

Here are some ways to describe me:

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My favorite subjects in school are:

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In my spare time, I like to:

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When I think about careers, I sometimes think I want to be: \_\_\_\_\_

When I hear the word “leader,” the first person who comes to mind is: \_\_\_\_\_

Here is what I did during my vacation last summer:

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## 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 Camp, 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 Camp.
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 Camp 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 Camp 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 Camp or using in the Summer Youth Camp, 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.

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Student Name & Signature

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Date

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Parent/Guardian Name & Signature

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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 11–13, 2025**

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 (if participant is a minor)

\_\_\_\_\_  
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 Camp.

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 Camp 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 Camp.

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 three (3) days of the Summer Youth Camp 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 Camp. 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 Camp.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date