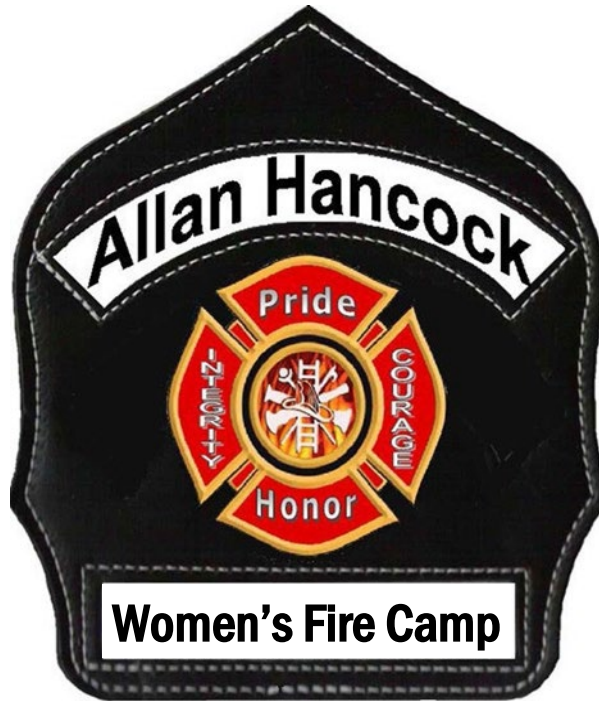




# Women's Fire Camp Summer 2025 Application



**APPLICATION DEADLINE:** Friday, May 23, 2025

**NOTE: PLEASE READ THE ENTIRETY OF THE APPLICATION. KEEP PAGE 3 FOR YOUR REFERENCE AND SUBMIT PAGES 4 - 7. APPLICATIONS MUST BE IN OUR POSSESSION BY THE DATE LISTED ABOVE, NO EXCEPTIONS.**

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## **Fire, Safety and Emergency Medical Services**

One Hancock Drive, Lompoc, CA 93436  
Phone: (805) 735-3366, ext. 3282 Fax: (805) 737-1784

[www.hancockcollege.edu](http://www.hancockcollege.edu)

**APPLICATION GUIDELINES**

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## **COURSE INFORMATION**

We are accepting applications for the Allan Hancock College – Women’s Fire Camp as follows:

- **One-Day Fire Camp**

This is a one-day camp tentatively scheduled for Saturday, May 31, 2025 from 9:00 am to 5:00 pm.

## **COURSE DESCRIPTION**

The Allan Hancock College Fire Technology Department invites women and girls between the ages of 15 – 25 years of age to attend the Women’s Fire Camp event. This is a one day challenging and rewarding opportunity to be exposed to the Fire Service career. The camp aims to develop confidence and character through exciting team building exercises and hands on training. Camp participants will experience the following events:

- Fire Service Based Fitness
- Hose Handling
- Forcible Entry & Tools
- Ground Ladders & Aerials
- Search and Rescue
- Rope Rescue

Camp participants will need to wear sweatpants, athletic shoes, t-shirt (Camp t-shirt provided at check-in), hair pulled back or in a bun. Water, snacks, and lunch will be provided.

## **APPLICATION INSTRUCTIONS**

**Only typed applications will be accepted.** Fill out the attached application completely and return it to our office by hand-delivery or mail on or before Friday, May 23, 2025, by 3:30 pm. It is the applicant’s responsibility to ensure that all supporting documents arrive with your application packet. Your placement in the camp will be determined upon review of your application and supporting documents. **All supporting documents and verifications must be included with your application package.**

All applicants will be notified via email two-three weeks after the application deadline. Please provide an email address that you use frequently on the application.

## **YOUR COMPLETE APPLICATION PACKET SHALL INCLUDE:**

- Application form
- Medical Release Form
- Photo Release Form
- Voluntary Activity Waiver Release Form
- Code of Ethics

### **Deliver or mail application packet to:**

Public Safety Training Complex  
Women’s Fire Camp  
ATTN: Justice Miller 5-108  
One Hancock Drive  
Lompoc, CA 93436



**Allan Hancock College  
Summer 2025  
Women's Fire Camp Application**

**PLEASE TYPE ONLY**

NAME: \_\_\_\_\_ SHIRT SIZE: S ! M ! L XL !!!

2XL ADDRESS: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

ADULT AUTHORIZED TO PICK UP: \_\_\_\_\_

AUTHORIZED ADULT'S PHONE: \_\_\_\_\_

DO YOU HAVE ANY MEDICAL CONDITION OR EXISTING INJURY, OR ARE YOU TAKING ANY MEDICATIONS FOR A CHRONIC HEALTH PROBLEM THAT MIGHT BE AGGRIVATED OR WILL AFFECT TOTAL PARTICIPATION IN THE CAMP?

YES If yes, please explain: \_\_\_\_\_

NO

I understand that falsification of this application or any submitted materials can result in disqualification from attending this Women's Fire Camp and I understand that this application will not be returned to me. All students under the age of 18 years old will need to be signed in/out with staff upon arrival and departure.

Applicant's Printed Parent Name: \_\_\_\_\_

Applicant's Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**EXCURSION/FIELD TRIP NOTICE  
AND MEDICAL AUTHORIZATION**

Name of District: Allan Hancock Joint Community College District  
Activity/Class: \_\_\_\_\_  
Advisor/Instructor: \_\_\_\_\_  
Destination: \_\_\_\_\_  
Departure Date & Time: \_\_\_\_\_ Return Date & Time: \_\_\_\_\_

As stated in California Code of Regulations, Subchapter 5, Section 55450, I understand that I hold the Allan Hancock Joint Community College District, its officers, agents and employees harmless from any and all liability or claims arising out of or in connection with my participation in this activity.

Transportation: Students are responsible for their own transportation unless otherwise advised in writing. Therefore, the college assumes no liability or responsibility.

The Undersigned also understands that he/she is to conduct him/herself in a responsible manner and shall abide by the California State Education Code and Allan Hancock College policy which prohibits alcoholic beverages or illegal substances being consumed during a college activity regardless of the student's age.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Medical Insurance Carrier Policy No Address

**In the event of illness or accident, please notify:**

Name & Relationship Address Phone

If there are any special medical problems, kindly attach a description of the problem to this sheet.



***PUBLICITY RELEASE FORM***

I hereby grant my consent to Allan Hancock College to use my name and my likeness, whether in still or moving pictures, my photograph and/or other reproduction, including my voice and features, with or without my name for any editorial, promotion, trade, business or other purpose whatsoever, including testimonial and endorsement advertising. Allan Hancock College may exercise its rights in any way it sees fit for its productions, for advertising and for other purposes. I hereby waive any right to approve the finished photograph, audio recording or video, or any copy that might be used in conjunction with the finished product. I understand I will receive no compensation for photographs, audio recordings or videos used and/or reused.

**Please print clearly**

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMAIL** \_\_\_\_\_ **MAJOR** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



## ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK

\_\_\_\_\_ wishes to participate in the Allan Hancock Joint  
(PRINTED NAME)

Community College District sponsored activity (ties) of \_\_\_\_\_  
I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate. I understand and acknowledge that some of the injuries/illness which may result from participating in these activities include, but are not limited to, the following:

1. Sprains/strains
2. Fractured bones
3. Unconsciousness
4. Head/back injuries
5. Paralysis
6. Loss of eyesight
7. death
8. Communicable disease

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District.

I understand and acknowledge that in order to participate in these activities. I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agent, or volunteers, shall not be liable for any injury/illness suffered by me which is incidental to and/or associated with preparing for and/or participating in this activity(ies).

Unless otherwise advised, I understand that I am responsible for my own transportation to and from the activity(ies) and the college assumes no liability for loss or injury resulting from my transportation, and any person driving a personal vehicle is not an agent of the District. Although the college may assist in coordinating the transportation, any assistance and/or recommendations provided may not be mandatory.

If the college is providing transportation but I do not use the transportation, I am responsible to make my own transportation arrangements and the college assumes no responsibility or liability of any kind. I have no known medical condition that may pose a health and/or safety risk to me or others by participating in the activity (ies).

I acknowledge that I have carefully read this ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK form and that I understand and agree to its terms.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

A signed ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK form must be on file with the District before a student will be allowed to participate in the above extra-curricular activity (ies).



## ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

Use with all athletics/sports, physical education activity courses recreation, field trips and high-risk classes, i.e., athletics, public safety, performing arts, labs, dance.

\_\_\_\_\_ wishes to participate in the Allan Hancock Joint  
(PRINTED NAME)

Community College District sponsored activity(ies) of:

Instructor/Advisor \_\_\_\_\_ Course #/Activity \_\_\_\_\_

Course/Club Name \_\_\_\_\_

I understand and acknowledge that these activities, by their very nature, may pose a potential risk of serious injury/illness to individuals who participate. I understand and acknowledge that some of the injuries/ illnesses that may result from participating in these activities include, but are not limited to, the following:

- |                    |                            |                            |
|--------------------|----------------------------|----------------------------|
| 1. sprains/strains | 4. paralysis               | 7. death                   |
| 2. fractured bones | 5. loss of eyesight        | 8. communicable diseases   |
| 3. unconsciousness | 6. head/neck/back injuries | 9. or other serious injury |

I understand and acknowledge that in order to participate in these activities; I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agent, or volunteers, shall not be liable for any injury/illness suffered by me as a result of my actions that is incidental to and/or associated with preparing for and/or participating in the activity(ies).

Unless otherwise advised, I understand that I am responsible for my own transportation to and from the activity(ies) and the college assumes no liability for loss or injury resulting from my transportation and any passengers who I might transport, and any person driving a personal vehicle is not an agent of the District. Although the college may assist in coordinating the transportation, any assistance and/or recommendations provided is for informational purposes and is not mandatory. I understand that I am responsible for arranging for my own transportation.

Per Education Code § 87706, when the district does not provide transportation to and from the school premises to attend a school-sponsored activity off of the school premises, the district, its officers, and employees shall not be held liable for the conduct or safety of any student at any time when the student is not on school property.

If the college is providing transportation but I do not use the transportation, I am responsible to make my own transportation arrangements, and the college assumes no responsibility or liability of any kind.

I have no known medical condition that may pose a health and/or safety risk to me or others by participating in the activity (ies).

I hereby release, waive, discharge, indemnify and hold harmless the Allan Hancock Joint Community College District, its officers, employees, board members and agents from all liability from any loss, damage, accident, injury, or death related in any way to this field trip, excursion or other off-campus curriculum- related activity.

I acknowledge that I have carefully read this ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK form and that I understand and agree to its terms.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (if minor)

\_\_\_\_\_  
Date

**IMPORTANT NOTE:** Before a student will be allowed to participate in the above activity(ies), a signed Acknowledgment and Assumption of Potential Risk form must be on file each semester and retained within the department for 14 months from the end of activity per the statute of limitation (Gov. Code Sec. 911.2)