



# CLIVE YOUTH FIRE ACADEMY



## OVERVIEW

### Introduction

The Clive Youth Fire Academy (CYFA) is open to any persons between the ages of 8-12 upon completion of application. This 4-day program includes approximately 12 hours of instruction. Sessions are approximately 3 hours in length and held at Fire Station 32, 8505 Harbach Blvd, Clive, IA. Class size will be limited to 10 students. Some classes are held at the Clive Fire Department training tower (F.A.S.T. Center) depending on the specific topic of the class.

### Objectives

The objective of the program is to provide all participants a fun, educational, and hands on experience into what the fire service is. The CYFA also encourages participants to return to their neighborhoods and relay to their friends and family the proper procedures to use to become more safety conscious. The CYFA will provide an interactive forum for both the Fire Department and the citizens to share information and learn.

### Anticipated Benefits

- The opportunity to be able to react in a positive manner should some type of fire or other emergencies arise.
- An increased awareness and knowledge to keep your home accident free.
- A better understanding of why and how the Fire Department conducts itself in an emergency.
- The opportunity to utilize the same tools that firefighters use daily
- The opportunity to experience the job of your firefighters and understand the service they provide to our community.

### Topics

Some topics covered during the Clive CYFA will be, but are not limited to: CYFA General Information, overview of the Clive Fire Department, fire department operations, emergency medical operations, and general fire safety

***Dates: One Saturday a week from 8:00am – 11:00 am, for 4 weeks. The class begins June 15, 2019 and runs to July 6, 2019.***

### Instructors

All class instructors are members of the Clive Fire Department and are committed to providing appropriate and accurate information to all participants in the CYFA. All instructors are State of Iowa Certified Firefighters or Certified in their field of expertise. Members of the department will assist in all of the hands-on drills.



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## Class Size / Selection of Participants

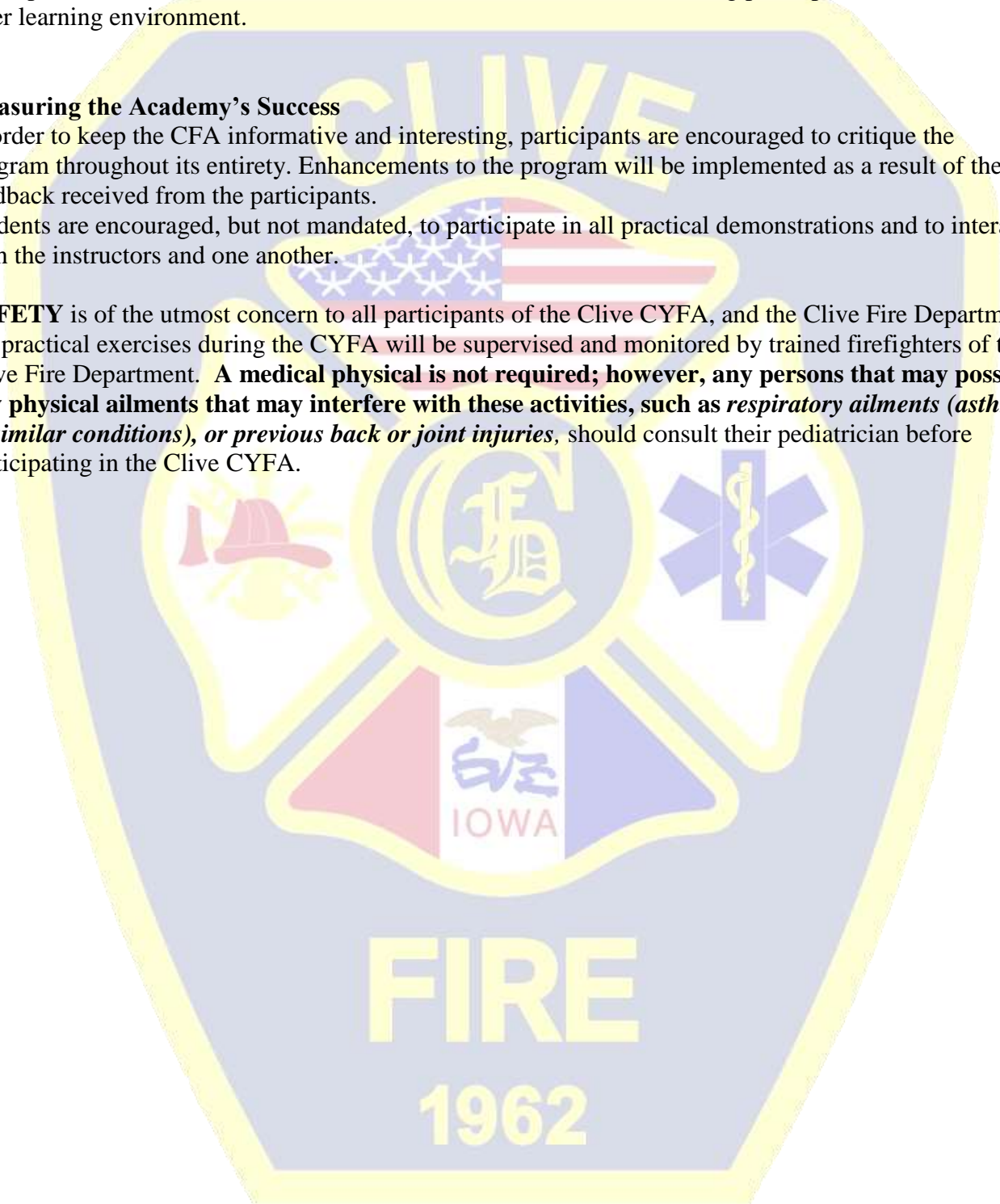
Each session will average 10 participants. A larger group inhibits frequent interaction between participants and instructors. SAFETY is of the utmost concern and limiting participants allows for a safer learning environment.

## Measuring the Academy's Success

In order to keep the CFA informative and interesting, participants are encouraged to critique the program throughout its entirety. Enhancements to the program will be implemented as a result of the feedback received from the participants.

Students are encouraged, but not mandated, to participate in all practical demonstrations and to interact with the instructors and one another.

**SAFETY** is of the utmost concern to all participants of the Clive CYFA, and the Clive Fire Department. All practical exercises during the CYFA will be supervised and monitored by trained firefighters of the Clive Fire Department. **A medical physical is not required; however, any persons that may possess any physical ailments that may interfere with these activities, such as *respiratory ailments (asthma or similar conditions)*, or *previous back or joint injuries*, should consult their pediatrician before participating in the Clive CYFA.**





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## APPLICATION

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

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

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHONE: \_\_\_\_\_

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

E-MAIL ADDRESS: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE CLIVE YOUTH FIRE ACADEMY?  
\_\_\_\_\_

WHAT IS YOUR PURPOSE FOR ATTENDING?  
\_\_\_\_\_

IF THE ACADEMY IS FILLED WOULD YOU LIKE TO BE PLACED ON A WAITING LIST? YES  NO

T-SHIRT SIZE: Y-S  Y-M  Y-L  Y-XL

I do hereby acknowledge and understand that in my participation in the Clive Youth Fire Academy I may be using a Self Contained Breathing Apparatus (SCBA) in non-fire situations, Firefighter bunker gear, and Firefighting tools and equipment. I also acknowledge that with my participation I may be lifting or moving objects up to and possibly exceeding 50 lbs., climbing ladders, as well as becoming exposed to heights, simulated fires using theatrical smoke, and extinguishing small controlled fires with fire extinguishers. **I understand that all activities in the Clive Youth Fire Academy are voluntary, and that I may choose not to participate in any activity I feel uncomfortable with.** I also hereby acknowledge that a doctor's physical is not required; however, if I possess any injury or ailment that may preclude me from any of the activities in the Clive Youth Fire Academy, i.e. respiratory ailments such as asthma or similar conditions, or previous back, neck or joint injuries I will consult my personal physician before my enrollment in the Clive Youth Fire Academy.

Participant's Name \_\_\_\_\_

Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Please complete the application form and drop off or mail it to 8505 Harbach Blvd, Clive, IA. 50325 or cgarcia@cityofclive.com. Payment of \$25 will be due at the first class session. Any other questions may be directed to Fire Marshal Clay Garcia at (515) 223-1595.





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## LIABILITY WAIVER

NAME OF PARTICIPANT \_\_\_\_\_

In consideration of the benefits that I will receive from my participation in the Clive Youth Fire Academy, sponsored by the City of Clive, I do hereby release the City of Clive, it's Fire Fighters, Fire officers, public officials, agents, servants, employees and volunteers from any and all liability, claims, demands, actions and causes of action which I may hereafter have on account of any and all injuries and damage to me or my property, or my death, arising out of related to any happening or occurrence while I am participating in the Clive Youth Fire Academy. For the same consideration, I agree to forever hold the City of Clive and said persons harmless from any liability, claim, demands, actions or cause of action. **In signing this statement, I acknowledge that I have reviewed the overview of activities included in the Clive Youth Fire Academy Application and recognize the risks those activities entail.**

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Participant

**FIRE**  
**1962**