

CAMP RESCUE

2019

17th ANNUAL CAMP RESCUE APPLICATION

Camp Rescue is a combined effort between the Washington County Sheriff's Office and Central EMS. This program provides area students (ages 15-18) with an introduction to the various careers of public safety. In addition it gives the participants American Heart Association CPR. On the Saturday following the camp we invite family members and the community to an expo day at the Washington County Sheriff's Office. The camp is held annually the 3rd full week of June. It is held at various public safety agencies throughout Washington County. It runs 8am-4:30pm Monday through Friday and 9am to 1130 on Saturday.

Monday thru Friday 8:00-4:30 *Learning Goals:* CPR Certification, Basic Emergency Skills, Assisting Ems & Fire Departments, and Exposure to Emergency Services Careers

Saturday 9:00-11:30 *EXPO & Skill Day:* Open to the Public, Friends and Family WELCOME, Demonstration of Skills Learned During Camp Rescue

Throughout the week participants will engage in team-building exercises giving them a unique opportunity to peer into the emergency services career fields. Area professionals will provide instruction on topics from emergency dispatching to fire safety. Some of the information covered in **CAMP RESCUE** is graphic and will require a high level of maturity and responsibility. The cost for each accepted student is **\$50.00, non-refundable fee.** Camp participants will receive a free Camp Rescue tee shirt with lunch and snacks provided daily. A total of 25 students will be chosen from the applicants. Please send in payment with your application. Anyone not accepted into Camp Rescue will have their payment refunded.

APPLICATION DEADLINE May 30th 2019

We are looking forward to an exciting time. Please call Tina Fuller for more information:

Tina Fuller
(479) 856-2898

Application for Enrollment (Camp Date: June 17-22, 2019)

Application Deadline May 30, 2019. Return completed registration to Tina Fuller c/o Central EMS 645 S. School Ave. Fayetteville, AR 72701

(Please type or print clearly)

Name: _____ Age: _____

Address: _____ School: _____

City: _____ Zip Code: _____ Current Grade Level: _____

Phone: _____ Shirt Size: _____

Name of Parent or Guardian: _____

Place of Employment: _____

Day Time Phone: _____ Cell: _____

Emergency Contact Person: _____ Phone: _____

As the participant, why would you like to come to camp rescue? _____

Please indicate any special needs required (Foods/Allergies/Medications) for participant: _____

I, _____, hereby release Washington County, Central EMS from any responsibility and/or liability related to **Camp Rescue** activities.

Signature of Parent or Guardian: _____ Date: _____

Please send payment in with your application. All accepted applicants will be notified by June 1st, 2019 and must accept their position by June 8th. After June 8th an alternate will be selected in their place.

For more information contact Tina Fuller (479)856-2898

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- Data logged: _____
- Payment received: Yes No
- Confirmation Letter Sent: Yes No