

Sparking Embers GIRLS emPOWERment Fire Boot Camp

The City of Beaufort/Town of Port Royal Fire Department offers an exclusive FREE opportunity for rising female freshmen to seniors in high school.

Sparking Embers Fire Bootcamp is a training program that will focus on empowering high school-aged girls and their minds to help them venture into potential careers in the fire service.

Sparking Embers fire boot camp will be held June 23rd – June 26th at the City of Beaufort/Town of Port Royal Fire Department Station 2 (1120 Ribaut Road), Monday – Thursday, 0830 – 1230.

This training will cover CPR, First Aid, all aspects of firefighting, auto extrication, firehouse life, and open the door of opportunities for girls to become leaders in their communities and promote self-confidence.

Students who complete the boot camp will graduate with a certificate from the command staff.

If you are interested in a career or learning more about a fire service career, this is a great place to start.

IMPORTANT INFORMATION

- Fill out the application completely; incomplete, illegible applications will not be accepted.
- Sparking Embers starts June 23rd at Station 2 (1120 Ribaut Road) from 0830 – 1230.
- All participants must have transportation.
- Must have a recommendation letter from a current teacher.
- Applications are due no later than April 15th, 2025.

If you are ready for the Sparking Embers Girls emPOWERment Fire Boot Camp, then please complete the attached application along with the recommendation letter and return it to our Headquarters Fire Station at 135 Ribaut Road, Beaufort, SC 29902 no later than April 15th, 2025. You may also email the application to rvezin@cityofbeaufort.org or thodges@cityofbeaufort.org

If you have any questions, please contact Deputy Fire Chief Ross Vezin at rvezin@cityofbeaufort.org.

PLEASE RETAIN THIS SHEET FOR YOUR RECORD

City of Beaufort/Town of Port Royal Fire Department

Complete all fields of application; incomplete applications will not be accepted.

Please print clearly.

Date of application: _____

Name (Last, First, Middle): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____ DL # _____ Class: _____ State: _____

Home Phone: _____ Mobile Phone: _____

Sex: _____ Date of Birth: _____ Height: _____ Weight: _____

T-shirt size: _____

Do you have any physical, mental, or medical impairments or disabilities that would limit your job performance for the position you are applying for? Yes: _____ No: _____

If you answered yes, please explain:

Who should we notify in the event of an emergency?

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Please list three references who are not relatives or previous supervisors:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Have You ever been convicted of a crime excluding minor traffic violations? Yes: ____No: ____

If yes, please explain in detail:

The City of Beaufort/Town of Port Royal Fire Department is a drug free workplace and is subject to periodic drug testing. Do you understand and accept these conditions? Yes: ____No: ____

Have you had a major illness in the last five years? Yes: ____No: ____If yes, please describe:

Do you need any physical accommodations to perform physical tasks as firefighters do?

Yes: ____No: ____If yes, please describe accommodations and specific work limitations:

How did you hear about this program: Facebook: _____Instagram: _____
Friend: _____South Carolina State Firefighters Association: _____Other (Please describe):

Please read the following statement carefully

I have voluntarily chosen to participate in this program at facilities owned and/or operated by the City of Beaufort/Town of Port Royal Fire Department. I acknowledge and accept that the camp may involve certain conditions, hazards, and risks, including injury or death or damage to property. I acknowledge there may be physically strenuous activities and certify that I am fit and physically and mentally capable of participation in all activities provided by the camp. I have disclosed all medical conditions that could impact my own safety, or the safety of others. I certify that I am covered by adequate insurance to cover any personal injury which may be sustained while participating in this camp. In consideration of the City of Beaufort/Town of Port Royal Fire Department providing the opportunity for me to participate in this camp, I release any and all liability to me, my parents and/or legal guardians, our personal representatives, estate, heirs, and assigns for any and all claims, demands and causes of action for any and all illness or injury to me, including death, and property damage arising out of, during or in any way connected with this camp. I agree to indemnify and hold harmless, waive and covenant not to sue the City of Beaufort/Town of Port Royal Fire Department any liability for the injury or death of any person(s) or damage to property that may result from my negligent or intentional act or omission while participating in the camp. I hereby authorize the staff of this camp to act for me according to their best judgment in any emergency requiring medical attention. I authorize and give consent for the City of Beaufort/Town of Port Royal Fire Department to administer general first aid for any minor injuries or illnesses experienced by me during camp participation. If I need emergency medical care and the City of Beaufort/Town of Port Royal Fire Department is not able to reach my parent or the emergency contact, I authorize the City of Beaufort/Town of Port Royal Fire Department staff to sign all necessary papers and arrange for emergency treatment and hospital care. I understand that the City of Beaufort/Town of Port Royal Fire Department is not responsible for any medical expenses associated with any personal injury I may sustain and understand that the City of Beaufort/Town of Port Royal Fire Department does not provide medical insurance for me.

Applicant name: _____

Signature: _____

Date: _____

Parent/Guardian Name

If camper is under 18: _____

Signature: _____

Date: _____

Best contact number: _____

