BADD AXE LADIES APPLICATION



A 2-Day Job Shadow Program for Girls Age 16+

In conjunction with the City of Carbondale Fire Department and Carbondale Firefighters Local 1961 Union.

Application Deadline: February 15, 2023

Day One: Job Shadow Day

Eligible Job Shadow Dates, Choose One:

Wednesday, March 15th

Tuesday, March 21st

Please note: We will do our best to accommodate your date selection, however it is not guaranteed. You will be contacted, if selected, with your assigned date.

Day Two: Hands-On Skills Day with Live Fire Training (If the Skills Day is rained out, the back-up date is Saturday, April 1st)

Saturday, March 25th

Applicant Information					
Full Name:			Date	Date of Birth:	
	Last	First	M.I.		
Home Address:					
	Street Address			Apartment/Unit #	
	City		State	ZIP Code	
Phone:		Email			
T-shirt size					
Career Inter	ests:				

	Education		
	School Currently Attending Is participant passing all classes or maintaining	YES	Grade:
	a minimum 2.0 GPA?		NO
	Emergency Contact Info	rmation	
Parent/Guar	dian/Emergency Contact		
Full Name:		Relationship	:
Phone:		Alt. Phone	:
Address:			
Full Name:		Relationship	i
Phone:		Alt. Phone	<u>:</u>
Address:			
	Short Response Ess	avs	
	ss and exercise are an important aspect of a career in the ow often do you exercise?	e fire service. What is yo	ur favorite physical
activity and h			ur favorite physical
activity and h	ow often do you exercise?	ose qualities?	ur favorite physical

Disclaimer and Signature

Liability waiver attached separately.

Candidates selected for Badd Axe Ladies will be expected to participate in physically challenging activities including, but not limited to, the following: lifting heavy objects, crawling in small spaces, wearing bunker gear including an airpack, and a live fire burn. This will be conducted on the Hands-On Skills Day on Saturday, March 25th.

The live fire burn will be conducted with top safety measures in place (per NFPA Standard 1403). Each candidate will be accompanied by Firefighter Looft or Burnham while in the burn cans. Additional fire and medical personnel will be on site to maintain safety precautions. Vital signs and a medical history will be taken before being in the burn cans; vitals will again be taken after the evolution. Should any candidate, or their parent/guardian, be uncomfortable or unwilling to participate in a live fire training environment, additional training exercises will be substituted to give each candidate a well-rounded experience in the day of a firefighter.

Please initial one of the following:	
Will participate in the live burn evolution.	
Will NOT participate in the live burn evolution.	
Finally, it is recommended that participants drink water an and skills days. They should also eat a balanced breakfast candidates on the shadow day. On the skills day, candidate	in the mornings. Lunch will be provided for
Should you have any questions, please contact Firefighter Department, 618-457-3299.	Looft or Firefighter Burnham at the Carbondale Fire
Signature:	Date:
Parent Signature: (if applicable)	Date:
Please return signed and completed application an	d liability waivers to:
baddaxeladies@gmail.com	
-OR-	
Carbondale Fire Department, Station 2 401 N. Glenview Dr.	

APPLICATIONS DUE FEBRUARY 15, 2023

Carbondale, IL 62901

Requirements

- · Age 16 or older
- In good student standing (minimum GPA 2.0)
- · Submit completed application with short response essays.
- · Submit signed liability waivers (with guardian's signature, if applicable).
- · Have reliable transportation on shadow and skills days.
- A selection committee will determine candidates based on application responses.

Expectations

- · Be on time.
- · Ask questions.
- · Have a positive attitude.
- · Participate in all activities.
- · Be prepared for physical activity.
- · Follow any rules or regulations assigned.

Week before Shadow Day

Schedule and arrive at Fire Station 2, 401 N Glenview Dr, for:

- · Gear sizing.
- · Fit test with SCBA mask.
- · We will contact you, if chosen, to schedule a date and time for this.

Itinerary of Shadow Day

- Arrival 8:30am, assigned Fire Station (Station 1: 600 E College St.; Station 2: 401 N Glenview Dr.) Hair: Secured up and out of the way.
 - Dress attire: Khakis or black-navy work pants, Provided T-Shirt, Professional/Comfortable shoes
- · Introductions to on-duty shift, Mentors Looft and Burnham.
- · Assist in station house duties.
- · Participate in ride alongs and observe fire calls.
- Lunch (12p-1p) with on-duty crew.
- · Day ends 3pm.

Itinerary of Skills Day

- · Arrival 9am.
 - Hair: Secured up and out of the way.
 - Dress attire: Athletic pants, Provided T-Shirt, Comfortable shoes. You will be in bunker gear most of the day.
- · Hands-on training evolutions in the morning.
- · Break for lunch, 1 hour lunch
- · Continue training exercises.
- · Day ends 4pm.



CARBONDALE FIRE DEPARTMENT BADD AXE LADIES LIABILITY WAIVER

I, ______, acknowledge that I have voluntarily applied to participate

in the Badd Axe Ladies Job Shadow Program through the City of Car aware that the activities and evolutions scheduled through the progra be seriously injured. I am voluntarily participating in these activities winvolved, and I agree to assume any and all risks of serious bodily injured or unknown.	m are hazardous, and that I could ith the knowledge of the danger
As consideration for being permitted to participate in these activities, agree that neither the City of Carbondale, Illinois, nor any members o shall be responsible or liable for any injury, damage, loss or expense, which may be incurred during the activity or while accompanying any department during the performance of their official duties, or resulting omission on the part of any member of the Carbondale Fire Department	f the Carbondale Fire Department, either to me or my property, member or employee of said from any negligent act or
I hereby represent that I have carefully read and understand the contesame of my own free will, it being my intention to hold and save the C any and all liability whatsoever which might be incurred in consideration of gaining experience and knowledge in my capacity.	city of Carbondale harmless from
STUDENT SIGNATURE	DATE
PARENT SIGNATURE(If applicable)	DATE

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IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR LEGAL GUARDIAN MUST

SIGN THIS FORM WHERE INDICATED.



CARBONDALE FIRE DEPARTMENT RIDE-ALONG HIPAA PRIVACY AGREEMENT

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 limits departmental disclosure of the protected health information of any patient to specific uses such as the provision of treatment or other health care services, for billing and payment purposes, and for health care operational purposes. Additionally, the department is authorized to release health information for a number of specialized purposes (to assist in the prevention or control of public health risks, selected assistance to law enforcement agencies, assistance to federal officials in the interests of national security, etc.).

As a participant in the department's Ride-Along Program, you are specifically prohibited from discussing individual patients, their treatment, and any other information that could be utilized to identify these patients with anyone except those departmental personnel who will be conducting your ride along activities. Any disclosure of patient information as detailed above may subject you to civil and/or criminal penalties as prescribed by law.

Should special circumstances necessitate that you utilize or disseminate such information (e.g. school reports, patient reports); the Fire Chief's office will assist you in ensuring that the material is in such form that it cannot be utilized to identify a specific incident. No health-related information may be utilized without review and subsequent authorization of the Fire Chief or his designee.

As a participant in the City of Carbondale Fire Department Ride-Along Program, I understand the restrictions outlined above and I agree to abide by the requirements of this agreement. I understand that I may be subject to civil or criminal penalties should I violate the prohibitions set forth in the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Ride-Along Participant Printed Name	
Ride-Along Participant/Guardian Signature	Date
Witness	Date