## What is Youth Emergency Services (YES) Academy?

Sturgeon County is introducing a YES Academy this summer for youth ages 14 – 17 who have a future interest in a career in emergency services. The Academy will provide youth with an understanding of various protective services positions and offer practical experience in each of these roles. For two nights/three days, participants will participate in mock training similar to that experienced by professionals in the Fire Services, Law Enforcement, Corrections, Military, and Emergency Medical Services fields.

Applicants must be prepared to participate in in-class learning and willing and able to participate in physical fitness and activities for the duration of the academy.

#### Time Commitment

Sturgeon County YES Academy is being offered:

## July 21, 2025 @ 0730 hrs to July 23, 2025 @ 1700 hrs

#### Where is it

Riviere Qui Barre Arena and Hall – 145A, 26500, AB-44

## **Transportation**

Parent/Guardian to pick up and drop off youth. Busing will be provided where necessary during attendance at the Academy.

#### Cost

The YES Academy is free for participants. The event is sponsored by 100% by Sturgeon County.

# How to apply

- 1. Review the application and information contained in this package.
- 2. Complete the attached application form (9 pages).
- 3. Request a character reference/recommendation letter from someone who knows you well (but not an immediate family member). Examples of individuals to request from include teacher, someone from work, coach, volunteer organization, etc.
- 4. Sign the application and ensure your parent/guardian has also signed.
  - a. Scan and email your completed application to <a href="mailto:protectsvcs@sturgeoncounty.ca">protectsvcs@sturgeoncounty.ca</a> OR
  - b. Drop off your completed application in person to our office at Sturgeon County Protective Services Headquarters @ 54509 Range Road 252, Sturgeon County, AB.

Ensure all pages, along with your character reference are submitted before the deadline!

**DEADLINE TO APPLY IS FRIDAY, JUNE 6, 2025.** Please note that space in the Youth Emergency Services Academy is limited. Late applications or those that are incomplete will not be accepted.

APPLICATION FORM (PLE	EASE PRINT CLEARLY) – TO	BE COMPLETED BY	YES ACADEMY APPLICANT ONLY:
Full Name:		Preferred Nam	e:
Home Phone:	Cell Phone:	Email	:
Address:		City/Town	:
Postal Code:	Gender: [	□ Male □ Female	☐ Other
DOB:	Provincial	Health Care #:	
School Name:			Grade:
T-Shirt Size (Adult/Unisex	<b>κ</b> ):		
Parent/Guardian 1			
Full Name:		_ Relationship: _	
Home Phone/Cell:		_ Work Phone: _	
Address:			
Parent/Guardian 2			
Full Name:		_ Relationship: _	
Home Phone/Cell:		_ Work Phone: _	
Address:			
Please list the contact in	formation for the character	reference submitte	ed:
(NOTE: ensure your refer	ence is prepared to receive	a call).	
Name:	Ph	one #:	
Please list any past volun Academy:	nteer, leadership, or work ex	perience you feel v	vould be applicable to the YES

#### **INTERVIEW:**

Depending upon the number of eligible and eager applicants, Protective Services may be required to short-list. If this is the case, applicants must be willing to participate in a brief interview.

## **GENERAL INFORMATION:**

ACCOMODATIONS: Participants will be required to bring their own sleeping gear (e.g., cot, mat, pillows, sleeping bag, etc.). All participants will be sleeping in a classroom, divided into a male and female facility.

MEALS: Meals will be provided at no cost to the participants. There will be an assortment of hot meals, sandwiches, cereals, salads, fruits, and desserts. Special meals can be prepared for anyone with special dietary restrictions. (Please indicate on medical form).

CLOTHING: Each participant will be requested to wear and/or bring BLACK shorts, sweatpants, and/or leggings, etc. (Black bottoms). Participants will be provided with YES Academy T-shirts, for use during the day. You will wear this uniform and function as a troop during this program. Participants will be asked to have both indoor and outdoor runners.

For those with long hair, you will need elastics, bobby pins, hairspray, etc. as you will be required to wear your hair tied up during class.

ADDITIONAL SUPPLIES: There will be a recommended list of additional items to bring provided during the PARENT/PARTICIPANT NIGHT for those accepted to YES Academy. - Date and time yet to be determined.

This is an opportunity of a lifetime to learn about Emergency Services, the various agencies, and different departments within them. Good Luck!

# **Participant Contract:** \_\_\_\_\_, have applied to participate in Youth Emergency (Print Name of YES Academy Applicant) Services (YES) Academy with Sturgeon County Protective Services. If I am accepted to partake in the YES Academy this summer, I agree to the following: • Attend the Parent/Participant information session to be held in June. To commit and participate fully for the three days. • To display a positive attitude and be respectful of the facility, property and all presenters, instructors, other participants, and volunteers. • I agree to abide by all rules and regulations noted below, as well as instructions provided by the instructors, presenters, and volunteers during the academy. • I understand that any behavior deemed unsafe, disruptive, or inappropriate may result in immediate dismissal from the academy, with my parent or guardian being required to promptly pick me up. YES ACADEMY PARTICIPANT GENERAL RULES and REGULATIONS 1. Once at the academy site, participants shall not leave the property without specific direction from staff. 2. Alcohol, smoking/vaping, non-prescription drugs and any other intoxicants are prohibited. 3. Participants will not access, handle, or remove personal belongings of others without explicit permission. 4. Participants shall remain in their designated sleeping quarters from 2200 hrs to 0600 hrs, unless specifically directed otherwise by staff. 5. Participants are responsible to ensure the cleanliness and organization of facilities, including assigned sleeping quarters, in accordance with directions from staff. These areas will be subject to daily inspections. 6. Full disclosure of any injuries must be disclosed to any staff, prior to and during the academy. The disclosure is to ensure your continued health. 7. Participants must wear issued t-shirts and other recommended clothing for the duration of the academy. 8. The program consists of a lot of physical activity. Because of this – participants will be required to shower each day, either at night before going to bed, or in the morning before the day starts. Important Notice for Parents and Participants – Any participant who fails to comply with the rules and regulations, staff directions or staff guidance, or who become disruptive to the academy, may have their participation in the Academy cancelled and be immediately sent home. By signing you hereby declare that you have read and understood the Participant Contract and General Rules and Regulations.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature:

Participant Release and Indemnification Agreement (The Agreeme	nt):
In consideration of acceptance of	voluntary participation
in the Youth Emergency Services Academy (hereafter referred to as the	YES Academy), the PARTICIPANT
releases HIS MAJESTY THE KING IN RIGHT OF CANADA, THE ATTORNE	Y GENERAL OF CANADA, THE
MUNICIPALITY OF STURGEON COUNTY, AB, CANADA, (collectively cal	led the RELEASEES) and their
officials, agents, employees, officers, directors, servants and represen	tatives, from and against all
claims, actions, costs, expenses, and demands in respect to any injury	, loss, or damage to the
PARTICIPANT'S person or property, howsoever causes, arising out of or	in connection with the
PARTICIPANT'S taking part in the YES Academy. The PARTICIPANT ackr	lowledges that he/she/they
has/have been fully informed of the inherent physical risks associated	with participating in the YES
Academy and, despite being fully informed of such physical risks, the F	PARTICIPANT, with legal guardian
consent, voluntarily wishes to participant in the YES Academy.	
The PARTICIPANT understands and agrees that this Agreement is bindi	ng on the PARTICIPANT, and
his/her/their heirs, executors, administrators and assigns. The PARTICI	PANT has read this Agreement and
fully understands its contents.	
IN WITNESS WHEREOF the PARTICIPANT has executed this Agreement	-
2025, at the Town/City of	in the Province of Alberta.
Participant Signature	
Name of Participant (Print)	
Legal Guardian Signature	
Name of Legal Guardian (Print)	
Witness Signature	
Name of Witness (Print)	_
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Parent/Guardian Permission and Liability Waiver:	
I, hereby give permi	ssion for
(Name of Parent/Guardian)	(Print Name of YES Academy Participant)
to participate in Sturgeon County Youth Emergency Ser he/she/they will be involved in a variety of activities inc acknowledge that he/she/them is in good physical con physical activity. I also understand that a medical exan ensure that he/she will be capable of participating in the	luding but not limited to physical training. I dition and is capable of participating in strenuous nination is recommended but is not required, to
I, the undersigned agree to assume all risks ofSturgeon County YES Academy, and does hereby remis its employees, volunteers, and agents, from any and all that said undersigned may have any reason of any mar Sturgeon County Protective Services during the Youth E	participating in participating in s, release, and forever discharge Sturgeon County, l manner of actions, debts, claims, and demands, aner arising out of the said activities organized by
I, hearby release the County, its employees, and volunt person or property either directly or indirectly, includin in the YES Academy.	
I hearby $\square$ authorize $\square$ do not authorize (please check contact the reference included in the application by the application process.	, , , , , , , , , , , , , , , , , , , ,
In witness whereof I have set my hand this date: (Town/City) of	
Participants Signature:	
Parent/Guardian Signature:	
Witness Signature:	

## **Release Agreement for Photos, Videos and Films**

PART 1 – PARTICIPANT INFORMATION				
Participant name:				
First	Last			
Parent/Legal Guardian Name:				
First	Last			
Mailing address:				
0.0				
City:	Province: Po	ostal Code:		
Telephone:	Email Address:			
PART 2 - Consent				
I hereby authorize Sturgeon County to use p	photographs or video taken of the "participant" ider	ntified above while attending		
	vices (YES) Academy. Photographs or video footage	_		
production of Sturgeon County photograph	s, motion pictures, videos, social media, or other p	roductions.		
	o promote the YES Academy in the future or may be			
publications, promotions/advertisements,	website, newsletters, and displays intended for the	general public.		
Laive Sturgeon County the employees age	nts and representatives, permission to give others t	hose rights, all without		
payment or any compensation to me.	into and representatives, permission to give others t	niese rights, att without		
payment of any compensation to me.				
I give permission for Sturgeon County to co	ntact me, using the contact information provided a	bove, to request to use the		
photo(s) and/or videos for another purpose	•	•		
	rtunity to take pictures; any of these photos taken of	luring the three days cannot		
be controlled. No other use of these photographs will be allowed.				
Lucia and dischauge Strugger County, it		alaimaa ahligatiana ay		
	s employees, agents, and representatives from any s consent or the publication or distribution of Sturg	_		
tiability of any kind related in any way to this	s consent of the publication of distribution of sturg	eon County materials.		
In witness whereof, I have executed this co	nsent and release.			
Name	Signature	Date (yyyy-mm-dd)		
Parent/Guardian				
Name	Signature	Date (yyyy-mm-dd)		
NAPA				
Witness	Constant	Data face and diff		
Name	Signature	Date (yyyy-mm-dd)		
COLLECTION NOTICE				

Medic	al Questionnaire:
Applic	ant's Full Name:
PLEAS	E READ THE FOLLOWING CAREFULLY:
	esponders must maintain a high level of fitness to perform their duties effectively, safely, and sionally. At YES Academy, you will be expected to be in good condition and injury free.
	nysical components of YES Academy include a conditioning program, participation in team sport s, and simulations of emergency services scenarios.
	and honestly answer each of the following questions. Any information regarding injuries must be eered. If it is not, and the injury surfaces during eh activities at YES Academy, the participant may belled.
1.	List any injuries or illnesses affecting physical activity.
0	
2.	Have you been under a doctor's care for any reason within the preceding two (2) years? YES or No (circle one). If yes, please explain:
3.	Do you have a bone or joint problem that could be aggravated by physical activity? YES or No (circle one). If yes, please explain:
4.	Do you feel pain in your chest when you exercise physically? YES or No (circle one). If yes, please explain:
5.	Do you experience dizziness, or do you ever lose consciousness?  YES or No (circle one). If yes, please explain:
6.	Are you currently on medication?
7.	YES or No (circle one). If yes, please explain:  Do you have any dietary restrictions? If so, please indicate if it is an allergy?

## APPLICATION FORM – WRITTEN PORTION

## (PLEASE PRINT CLEARLY) - TO BE COMPLETED BY THE YES ACADEMY APPLICANT ONLY\*:

Full Name:				
Either include your responses to the questions below in the space provided or attach a type-written response to your application form. You may provide any additional information you feel would assist your application. (Note: if additional space is required for written responses below, attach additional pages to the application form as necessary).				
<ol> <li>Why would you like to be a part of YES Academy this year?</li> </ol>				
2. What are some of your skills, interests, and/or experiences that explains more about who you				
are and what things you do/like to do?				
The personal information provided will be used to determine suitability and participation in the YES Academy and is collected under the authority of				
Section 33© of the Freedom of Information and Protection of Privacy (FOIP) Act. If you have any questions about the collection and use of this information, please contact the Sturgeon County Access and Privacy Officer at 9613 – 100 Street, Morinville, Alberta, T8R 1L9 (780) 939-4321 or email				

foip@sturgeoncounty.ca