

## 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 [protectsvcs@sturgeoncounty.ca](mailto:protectsvcs@sturgeoncounty.ca) 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, MAY 16, 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 (PLEASE PRINT CLEARLY) – TO BE COMPLETED BY YES ACADEMY APPLICANT ONLY:

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

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): \_\_\_\_\_

**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 information for the character reference submitted:

(NOTE: ensure your reference is prepared to receive a call).

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list any past volunteer, leadership, or work experience you feel would be applicable to the YES Academy:

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**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:**

I \_\_\_\_\_, 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.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

**Participant Release and Indemnification Agreement (The Agreement):**

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 ATTORNEY GENERAL OF CANADA, THE MUNICIPALITY OF STURGEON COUNTY, AB, CANADA, (collectively called the RELEASEES) and their officials, agents, employees, officers, directors, servants and representatives, 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 acknowledges 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 PARTICIPANT, with legal guardian consent, voluntarily wishes to participant in the YES Academy.

The PARTICIPANT understands and agrees that this Agreement is binding on the PARTICIPANT, and his/her/their heirs, executors, administrators and assigns. The PARTICIPANT has read this Agreement and fully understands its contents.

IN WITNESS WHEREOF the PARTICIPANT has executed this Agreement as of the \_\_\_\_\_ day of \_\_\_\_\_ 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) \_\_\_\_\_

**Parent/Guardian Permission and Liability Waiver:**

I \_\_\_\_\_, hereby give permission for \_\_\_\_\_  
(Name of Parent/Guardian) (Print Name of YES Academy Participant)

to participate in Sturgeon County Youth Emergency Services (YES) Academy. I understand that he/she/they will be involved in a variety of activities including but not limited to physical training. I acknowledge that he/she/they is in good physical condition and is capable of participating in strenuous physical activity. I also understand that a medical examination is recommended but is not required, to ensure that he/she will be capable of participating in the physical activities.

I, the undersigned agree to assume all risks of \_\_\_\_\_ participating in Sturgeon County YES Academy, and does hereby remiss, release, and forever discharge Sturgeon County, its employees, volunteers, and agents, from any and all manner of actions, debts, claims, and demands, that said undersigned may have any reason of any manner arising out of the said activities organized by Sturgeon County Protective Services during the Youth Emergency Services Academy.

I, hereby release the County, its employees, and volunteers from any claim for loss, injury, or damage to person or property either directly or indirectly, including travel to and from, during my child's participation in the YES Academy.

I hereby  authorize  do not authorize (please check one) the Municipality of Sturgeon County to contact the reference included in the application by the aforementioned individual, for the YES Academy application process.

In witness whereof I have set my hand this date: \_\_\_\_\_ in the (Town/City) of \_\_\_\_\_ in the Province of Alberta.

Participants Signature: \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_

# Release Agreement for Photos, Videos and Films

<b>PART 1 – PARTICIPANT INFORMATION</b>		
Participant name:		
First	Last	
Parent/Legal Guardian Name:		
First	Last	
Mailing address:		
City:	Province:	Postal Code:
Telephone:	Email Address:	
<b>PART 2 – Consent</b>		
<p>I hereby authorize Sturgeon County to use photographs or video taken of the “participant” identified above while attending or participating in the Youth Emergency Services (YES) Academy. Photographs or video footage may be used in the production of Sturgeon County photographs, motion pictures, videos, social media, or other productions.</p> <p>Images and videos captured may be used to promote the YES Academy in the future or may be used in or as a part of publications, promotions/advertisements, website, newsletters, and displays intended for the general public.</p> <p>I give Sturgeon County, the employees, agents and representatives, permission to give others these rights, all without payment or any compensation to me.</p> <p>I give permission for Sturgeon County to contact me, using the contact information provided above, to request to use the photo(s) and/or videos for another purpose.</p> <p>Parents and media may also have the opportunity to take pictures; any of these photos taken during the three days cannot be controlled. No other use of these photographs will be allowed.</p> <p>I release and discharge Sturgeon County, its employees, agents, and representatives from any claims, obligations, or liability of any kind related in any way to this consent or the publication or distribution of Sturgeon County materials.</p> <p>In witness whereof, I have executed this consent and release.</p>		
Name	Signature	Date (yyyy-mm-dd)
<b>Parent/Guardian</b>		
Name	Signature	Date (yyyy-mm-dd)
<b>Witness</b>		
Name	Signature	Date (yyyy-mm-dd)
<b>COLLECTION NOTICE</b>		
<p>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 <a href="mailto:foip@sturgeoncounty.ca">foip@sturgeoncounty.ca</a></p>		

**Medical Questionnaire:**

Applicant's Full Name: \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY:**

First responders must maintain a high level of fitness to perform their duties effectively, safely, and professionally. At YES Academy, you will be expected to be in good condition and injury free.

The physical components of YES Academy include a conditioning program, participation in team sport games, and simulations of emergency services scenarios.

Read and honestly answer each of the following questions. Any information regarding injuries must be volunteered. If it is not, and the injury surfaces during eh activities at YES Academy, the participant may be expelled.

1. List any injuries or illnesses affecting physical activity.

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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:

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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:

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4. Do you feel pain in your chest when you exercise physically?  
YES or No (circle one). If yes, please explain:

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5. Do you experience dizziness, or do you ever lose consciousness?  
YES or No (circle one). If yes, please explain:

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6. Are you currently on medication?  
YES or No (circle one). If yes, please explain:

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7. Do you have any dietary restrictions? If so, please indicate if it is an allergy?

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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).

1. Why would you like to be a part of YES Academy this year?

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?

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