



James L. Sprecher, III
Coordinator

HIGH SCHOOL FIRE ACADEMY WASHINGTON COUNTY, MD

Joanna Bingaman
Co-Coordinator

Congratulations! You have been selected to become a cadet of the Fire Rescue Academy Class of 2019-2020. Many students are considered, but only a privileged few are chosen. You and your family should be very proud of your appointment.

You are required to maintain an affiliation and be in good standing with a Washington County volunteer fire or EMS company by 7/1/19. If you are not affiliated with a company, and you require assistance with becoming a member please let us know right away. We encourage you to attend your company's monthly meeting and weekly training.

An Academy handbook will be provided to you at the start of the school year, we follow WCPS guidelines however there are additional rules and regulations with MFRI (Maryland Fire and Rescue Institute) that you will be required to adhere to, please be sure to read these guidelines. A physical completed by a physician is a state requirement for participation in this program. This needs to be completed by the start of the school year. Once you have been accepted as a volunteer member of a fire & rescue company you will be given a purchase order for a free physical by Health at Work, if you do not receive this, please contact Instructor Sprecher or Bingaman.

It is recommended while you are at your department during school days that you do not stay past 10 pm. This will afford you time to get a goodnight's sleep and prepare for the next day. **Overnight stand-bys are not recommended and are highly discouraged during school days.** *Friday Nights* and *Saturdays* are not school days we highly encourage you to take the opportunity to build upon your skills/ study habits. Sundays should be treated as a school night.

Cadets are required to purchase some uniform items. The Academy will furnish one (1) long-sleeved and one (1) short-sleeved button down shirt, one (1) belt, two (2) long sleeve T-shirts, two (2) short sleeve T-shirts, one (1) job shirt (sweat shirt), Two (2) dark blue trousers. **Cadets are required to purchase one (1) pair black oxford shoes or boots, and black socks.** The FireStore in Williamsport carries the greatest variety of uniform-type clothing for fire and rescue professionals. Cadets will be required to return the button down shirts prior to graduation.

You are expected to be in uniform on the first day of class. If driving, you are asked to park in the outside parking spaces of the lot first. You will report to our classroom through the 701-A door and await further instruction. Please plan accordingly and be ON TIME!!

Congratulations again on becoming a Washington County High School Fire Rescue Academy Cadet.

Sincerely,

James L. Sprecher, III

Joanna Bingaman



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Coordinator

HIGH SCHOOL FIRE ACADEMY

WASHINGTON COUNTY, MD

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Co-Coordinator

To: All incoming students

From: Joanna Bingaman

Date: April 11, 2019

Sub: Fit for duty physicals

All incoming students are required to have a fit for duty physical to participate in this program. A purchase order for the physical will be provided by the Washington County Volunteer Fire and Rescue Association AFTER the student is affiliated with a local volunteer fire department.

The physical must be completed after July 1, 2019 per the Maryland Fire & Rescue Institute and the Maryland State Board of Education. After you receive your purchase order, please contact Health@Work at (240)313-9910 to schedule. Please send an email to Instructor Bingaman at bingajoa@wcps.k12.md.us to let us know the date of your physical.

Failure to follow these directions will result in removal from the program as the student will be unable to participate in any fire department courses without proper medical clearance.



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Cadet Information Sheet

Cadet Name: _____

Address:

Home Phone # (____) _____

Cell Phone # (____) _____

EMERGENCY CONTACT

Name _____

Phone # (____) _____

Work # (____) _____

Home School Name _____

Grade _____

If you are driving to the Academy please provide the following vehicle info:

Make _____, Model _____, Year _____,

Lic. Plate # _____, Color _____

Do you have family past or present that are in the Fire EMS profession? If Yes;

Name _____ Department _____

Name _____ Department _____

Name _____ Department _____

What are your future plans after High School?

If you could change something in your life what would you change?

Do you plan to go on to college?

If any, what sports do you play? What days are practice?

Are you a leader or follower?

Explain your answer:

What are the responsibilities your Parents/ Guardian require you to do around the house?

Why did you decide to become a High School Fire Academy Cadet?



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Parent / Guardian Contact Information Sheet

Parent name (Please Print) _____

Parents Email address _____

Work Phone # _____

Parent name (Please Print) _____

Parents Email address _____

Work Phone # _____

Please feel free to add in any special instructions or concerns we may need to know about for your child:

*Your email information will be used to send out progress reports and any additional information concerning your child.



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Fire Chief Contact Information Sheet

Fire Chief Name (Please Print) _____

Email address _____

Work/Cell Phone # _____

If delegating to another officer please fill in below too.

Officer Name (Please Print) _____

Email address _____

Work/ Cell Phone # _____

Please feel free to add in any special instructions or concerns we may need to know about for your child:

*Your email information will be used to send out progress reports and any additional information concerning your member.



Maryland Fire and Rescue Institute University of Maryland



Parental Permission to Enroll in MFRJ Sponsored Classes

Instructions: This form must be filled out and signed by a parent or legal guardian for applicants who will be at least 16, but not yet 18 years of age by the start of the first class session. This form must be returned to the course instructor or regional training center no later than the second class session.

A separate form must be completed for each class where the applicant meets the age restrictions identified.

Course Log Number: _____ Location: _____

I hereby give my permission for _____ to enroll in this course

Printed Name of Applicant

MARYLAND FIRE AND RESCUE INSTITUTE

being conducted by the _____ I understand that the

Printed Name of Teaching Agency

teaching agency is not authorized to provide travel, medical or health insurance to students. I also understand my child may be exposed to any one or more of the following:

1. Infectious diseases
2. Physically strenuous conditions
3. Mentally strenuous conditions
4. Hazardous environments

Printed Name of Parent/Legal Guardian

Date: _____

Parent/Legal Guardian Signature

**High School Cadet Program
Description of Student Duties**

To Be Completed by Cadet:

Name of Cadet (print): _____

Name of School/ Program: _____

To Be Completed by Physician:

The Maryland Fire and Rescue Institute conducts instruction for High School Cadets in a wide variety of emergency service courses. Cadets can be required to perform strenuous and/or hazardous duties. Listed below is a general description of what those duties may include. If a Cadet cannot perform these duties he/she will not be permitted to participate in the program

Cadet Duties

A Cadet in the Maryland Fire and Rescue Institute's High School Cadet Program may be required to wear fire protective clothing and self-contained breathing apparatus weighing at least 50 pounds in hazardous atmospheres, perform fire fighting and rescue operations that expose them to extreme heat, toxic products of combustion, and hazardous materials. They also may be required to lift and operate heavy machinery, carry and raise ladders, and climb ladders up to 135 feet in height. Cadets may achieve heart rates of 85- to 100% of their maximum capacity during training operations.

Fitness for Cadet Duty Status

The physician authorizes the following duty status for the High School Cadet:

_____ FULL DUTY: Duty status includes all elements listed in the position description listed above.

Signature of Physician: _____

Name of Physician (printed): _____

Date: _____ Phone: _____

Address: _____

