

Anthony Baldosaro
Fire Marshal
abaldosaro@franklintownship.com

TOWNSHIP OF FRANKLIN
COUNTY OF GLOUCESTER
State of New Jersey
1571 Delsea Drive
FRANKLINVILLE, NEW JERSEY 08322

BUREAU OF FIRE
PREVENTION
856-694-1234 Ext 157
856-694-2749 Fax



Partners with Forest Grove, Franklinville, Janvier, Malaga and Star Cross Fire Companies

Fire Camp 2022

The Franklin Township Fire Companies invite 12-15 year-old students from the Delsea Regional School District and The Franklin Township School District to participate in the Franklin Township Youth Fire Camp. This week long program runs August 15, 2022 through August 19, 2022. Participants will be exposed to a variety of functions within the fire service field. Training will emphasize leadership, teamwork, and decision making skills.

The participants will be exposed to:

Military Style Drills

Physical Fitness Training

Team Building Exercises

Scenario Based Decision Making

Specialized Training Units (Engines, Ladder, Dispatching, Water Rescue, CPR, etc.)

Fire Camp will be held at the township fire station (a schedule of drop location will be sent to you) and is free to the participants. Class size will be held for 25 participants. If you are up for the challenge you can pick up an application at the Franklin Township Fire Marshal's Office (address listed above). Applications must be received on or before June 13, 2022. Please fill out and return pages 1-5 of the application packet and retain this cover letter and pages 6-7 for your reference.

There will be a mandatory parent/guardian meeting on August 2nd at Malaga Fire Station Administration Building 601 West Main Street, Malaga, NJ at 7:00 pm.

Any questions can be directed to
Anthony Baldosaro
856-694-1234 ext. 157
abaldosaro@franklintownship.com

Fire Camp Application

Township Of Franklin
Bureau Of Fire Prevention
1571 Delsea Dr.
Franklinville, NJ 08322
856-694-1234 ext. 157
Fax 856-694-2749

Camper Name _____
First MI Last

Date of Birth ____/____/____ Gender _____

Uniform Size (Please Specify if Youth) Shirt _____ Shorts _____

Street Address _____
City _____ State _____ Zip _____

Mailing Address (If Different) _____
City _____ State _____ Zip _____

Parent/Guardian _____

Street Address _____
City _____ State _____ Zip _____

Mailing Address (If Different) _____
City _____ State _____ Zip _____

Email _____

Emergency Phone _____ Home Phone _____

School _____ Grade _____

Principal _____ Phone _____

Briefly explain why you should be selected to attend Fire Camp:

Return completed applications to: Franklin Twp Fire Marshall's Office
1571 Delsea Dr. Franklinville, NJ 08322
Attn: Anthony Baldosaro

All Applications Must Be Returned By: June 13, 2022

Fire Camp Application

Township Of Franklin
Bureau Of Fire Prevention
1571 Delsea Dr.
Franklinville, NJ 08322
856-694-1234 ext. 157
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Medical Information

Name: _____ Age: _____

Date of Birth: _____ Height: _____ Weight: _____

Emergency Contact: _____ Phone: _____

Medical History: _____

Prescription Medications currently taking: _____

Over the Counter medications currently taking: _____

Medication Allergies: _____

Food Allergies: _____

I understand that this information is given voluntarily and is part of my health record maintained by the Township Franklin Fire Marshal's Office. I also understand that this information will be kept confidential. I understand that first aid will be available at the camp; that the students will be closely supervised and that hospital care will be given at the expense of the parent/guardian. I further understand that in case of serious injury or illness, I will be notified. If it is impossible to reach me in a timely manner, I hereby give my permission for emergency treatment as recommended by the attending physician.

Executed this _____ day of _____, 20____

Parent's/Guardian's Name (print): _____

Signature Parent/Guardian: _____

Fire Camp Application

Township Of Franklin
Bureau Of Fire Prevention
1571 Delsea Dr.
Franklinville, NJ 08322
856-694-1234 ext. 157
Fax 856-694-2749

Minor Participation Authorization and Consent to Emergency Medical Treatment Form

I, _____, certify that I am the parent or legal guardian of _____ (hereafter the "minor child").

I hereby give my consent to have my minor child participate in the following activity of Township of Franklin Fire Camp: Wilmington, DE Fire Boat
(hereafter "the activity") on or about August 18, 2022.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release Township of Franklin and Franklin Township Fire Districts 1,2,3,4, and 5, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Township of Franklin, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the Fire District, Township of Franklin or organization sponsoring this event will be used as the secondary coverage.

Executed this _____ day of _____, 20____

Signature: _____

Witness Name (print): _____

Witness Sign: _____

Fire Camp Application

Township Of Franklin
Bureau Of Fire Prevention
1571 Delsea Dr.
Franklinville, NJ 08322
856-694-1234 ext. 157
Fax 856-694-2749

Minor Participation Authorization and Consent to Emergency Medical Treatment Form

I, _____, certify that I am the parent or legal guardian of _____ (hereafter the "minor child").

I hereby give my consent to have my minor child participate in the following activity of Township of Franklin Fire Camp: Salem County Fire Academy (hereafter "the activity") on or about August 19, 2022.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release Township of Franklin and Franklin Township Fire Districts 1,2,3,4, and 5, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Township of Franklin, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the Fire District, Township of Franklin or organization sponsoring this event will be used as the secondary coverage.

Executed this _____ day of _____, 20____

Signature: _____

Witness Name (print): _____

Witness Sign: _____

FireCampApplication

Township Of Franklin
Bureau Of Fire Prevention
1571 Delsea Dr.
Franklinville, NJ 08322
856-694-1234 ext. 157
Fax 856-694-2749

MINOR PHOTO RELEASE FORM

I, _____, the parent or legal guardian of _____ [minor] grant the Township of Franklin, Fire Camp my permission to use the photographs and videos taken during Fire Camp for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Executed this _____ day of _____, 20____

Signature: _____

Fire Camp Menu

Township Of Franklin
Bureau Of Fire Prevention
1571 Delsea Dr.
Franklinville, NJ 08322
856-694-1234 ext. 157
Fax 856-694-2749

Please be advised if your child will not be eating the menu of the day they will need to pack a lunch for that day. We are making every effort to have a healthy meal plan for the week. Every day the menu will include fresh fruit and plenty of clear fluids. We are limiting and/or eliminating sugary drinks and high fat foods. Please take a moment and review the below listed menu.

Monday: Chick-Fil-A

Tuesday: Tacos

Wednesday: Pizza

Thursday: Mini Subs

Friday: Sandwiches

Fire Camp Schedule

Township Of Franklin
Bureau Of Fire Prevention 1571 Delsea Dr.
Franklinville, NJ 08322
856-694-1234 ext. 157
Fax 856-694-2749

Monday August 15, 2022

9:00 am – 3:00 pm

Janvier Fire Co.
3428 Coles Mill Rd
Franklinville, NJ 08322
856-629-6838

Tuesday August 16, 2022

9:00 am – 3:00 pm

Malaga Fire Co.
604 W. Main St
Malaga, NJ 08328
856-694-9850

Wednesday August 17, 2022

9:00 am – 3:00 pm

Star Cross Fire Co.
4231 Tuckahoe Rd
Franklinville, NJ 08322
856-629-4915

Thursday August 18, 2022

Field Trip to Wilmington, DE Fire Boat

9:00 am – 4:00 pm

Forest Grove Fire Co.
1635 Forest Grove Rd
Vineland, NJ 08360
856-697-4554

Friday August 19, 2022

Field Trip to Salem Co. Fire Academy

9:00 am – 4:30 pm

Graduation at 4:30 pm followed by a BBQ

Franklinville Fire Co.
181 Swedesboro Rd
Franklinville, NJ 08322
856-694-0826