



SCHOOL DISTRICT NO. 73
(Kamloops-Thompson)

Junior Fire Crew Workshop



Application Package

Amended Dates: **April 15 – 18, 2026**

8:00 am – 5:30 pm each day

Application due to school TNT Coordinator: February 18, 2026



SCHOOL DISTRICT NO. 73
(Kamloops - Thompson)

Junior Fire Crew Workshop



Introductory Letter

This program is designed for the participation of up to 18 high school students in grade 11 or 12 who are interested in firefighting or the forest service as a possible future career.

This year's Junior Fire Crew Workshop will be held at the BC Wildfire Centre (4000 Airport Rd) from **April 15 – 18, 2026**. **The hours are 8:00 am – 5:30 pm each day. Students will be transported to remote locations in BC Wildfire vehicles.**

The students that successfully complete each phase of the selection process will attend the workshop and experience a variety of activities that a fire crew trainee would experience, but in a capsulated format. Students will receive instruction and lectures in fire suppression, communication, teamwork, physical training, and a variety of other topics. They will be required to work in a team and partake in all the planned activities.

Students will need to provide their own footwear – a sturdy pair of outdoor/hiking boots. Meals, safety equipment, and all other necessary materials will be supplied. There is a cost of \$175.00 per student. Due to volume of participants and/or location of the event, students with **dietary restrictions are asked to provide their own food to ensure their safety.**

Applications must be handed in to your school TNT Coordinator by **Wednesday, February 18, 2026**. Late or incomplete applications will not be considered. Successful applicants will receive notification of acceptance by Wednesday, February 25, 2026, via email to the TNT Coordinators.

*After being accepted, students will need to **submit the WFX-FIT Fitness Test Release Form** completed by their physician, nurse practitioner, or certified exercise physiologist (CEP) prior to the start of the workshop. Cost may vary from clinic to clinic.

*Students are also required to participate in a **mandatory beep test on Wednesday, March 4, 2025, at 4:00 pm – 5:00 pm**, in the Pineridge Education Centre gymnasium.

*Workshop expectations will be discussed at the **mandatory student/caregiver orientation on Wednesday, April 8, 2026, 6:00 pm – 7:00 pm, at the BC Wildfire Centre**. Any student not able to attend must make alternate arrangements with the District Vice Principal of Career Programs or be dismissed from the program.

This academy is an excellent learning experience but will be extremely challenging, both mentally and physically. This program is designed for students who are:

- Physically fit
- Team players
- Outdoor oriented

If you have any questions, please contact:

1. Your school's Trades and Transitions Coordinator
2. Kerry Gairdner, District Vice Principal – Career Programs
School District No. 73 (Kamloops-Thompson)
Phone: 250-299-4111 Email: kqairdner@sd73.bc.ca

Junior Fire Crew Workshop Application Form



(Please print legibly in blue or black ink)

SCHOOL INFORMATION:

School Name _____ Date _____

School TNT Coordinator _____ Current Grade _____

PERSONAL INFORMATION:

Legal Name _____
Legal First Name Middle Legal Last Name

Preferred Name(s) _____

Address _____

Mailing Address if different from above _____

City _____ Postal Code _____

Student Cell Number _____ BC Services Card # _____

Date of Birth (yyyy-mm-dd) _____ Age _____ Gender Identity _____

Height _____ feet _____ inches Weight _____ lbs

Student Personal Email _____

Have you applied to this program in previous years? No Yes

Please check the box if you wish to be self-identified as an Indigenous person:

Status Non-Status Métis Inuit

Please select:

T-Shirt Size XXS XS S M L XL XXL

EMERGENCY INFORMATION:

Parent 1/Guardian's Name _____

Phone (home) _____ (work) _____

Cell _____ Email _____

Address _____ City _____

EMERGENCY INFORMATION (continued):

Parent 2/Guardian's Name _____

Phone (home) _____ (work) _____

Cell _____ Email _____

Address _____ City _____

In case of an emergency, we will contact the parents/guardians first. If they are unreachable, we will contact:

Emergency Contact Person _____

Relationship to Student _____

Phone (home) _____ (work) _____

Cell _____

Address _____ City _____

I/We certify the information given in this application is true and complete to the best of my/our knowledge and understand that, if selected for the Junior Fire Crew Workshop, falsified statements may be reason for removal. I authorize investigation of all statements contained herein and the references listed in this application.

Applicant Signature

Parent/Guardian Signature

Date

Date

Junior Fire Crew Workshop

Application Checklist

For assistance or more information, please contact your TNT Coordinator or Counsellor.

Deliver completed application package and payment no later than **February 18, 2026**, to your TNT Coordinator.

All items below are required:		Page(s)	Completed & Attached
1	Student Application Form	1-2	<input type="checkbox"/>
2	Application Checklist – this page	3	<input type="checkbox"/>
3	Junior Fire Crew Workshop event fee - to be included with this application	4	<input type="checkbox"/>
4	Student Research Activity	5-6	<input type="checkbox"/>
5	Medical Questionnaire	7	<input type="checkbox"/>
6	Teacher Statement of Recommendation	8	<input type="checkbox"/>
7	TNT Coordinator Statement of Recommendation	9	<input type="checkbox"/>
8	Parent/Guardian Permission and Liability Waiver	10	<input type="checkbox"/>
9	School District No. 73 High Risk Field Trip Form	11	<input type="checkbox"/>
10	Media Release Form	12	<input type="checkbox"/>
11	Dates to Remember	13	Student to keep
12	WFX – Fit Test (ONLY COMPLETE IF ACCEPTED OR WAITLISTED)	14-15	If accepted or waitlisted
Attachments for Student to Include:			
13	Letter of reference from a community member (<i>cannot be family</i>)		<input type="checkbox"/>
Attachments for TNT Coordinator to Include:			<input type="checkbox"/>
14	Transcript		<input type="checkbox"/>
15	TNT Attendance Profile		<input type="checkbox"/>
16	Conduct Report (last two years)		<input type="checkbox"/>



Junior Fire Crew Workshop

Event Fee



PAYMENT to be submitted with application.

I am paying the **\$175 event fee** for _____ using the following method: Student Name

Visa/Mastercard

(Phone Angela Pinette, Administrative Assistant, at 778-471-6061, ext 211, or pay in person at the School Board Office.)

Cash

(Attach to this form and deliver in person to school TNT Coordinator)

Debit Card

(In person at the School Board Office)

Cheque

(Payable to SD73 and attached to this form)

Invoice an organization (ex. Band, MCFD, etc.)

(Contact Angela Pinette, Administrative Assistant, SD73 Career Development Department, at 778-471-6061, ext 211, to make arrangements)

Parent/Guardian's Signature

Date

For School District Use Only	Date:	Amt Rec'd:	Method:	Initials:
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Junior Fire Crew Workshop

Student Research Activity



My Career Goal is: _____

1. Describe the career you are interested in and why.

2. What are some of the jobs/tasks you would do in this career?

3. Describe any/all physical activities you participate in:

4. Please list courses or skills you may have that relate to firefighting/forest firefighting:

5. Why do you wish to take part in this event?

Continued on next page...

6. In your own words, explain your view of the role of the forest service in society.



Junior Fire Crew Workshop Medical Questionnaire



Applicant Name

School District No.

PLEASE READ THE FOLLOWING CAREFULLY:

Forest Fire Fighters must maintain a high level of fitness to perform their duties effectively and professionally. At the Junior Fire Crew Workshop you will be expected to be in good condition and **injury free**.

The physical components of the Junior Fire Crew Workshop include a conditioning program, participation in team sport games, and simulations of fire suppression scenarios.

The students will be exposed to a simulated physical ability requirement evaluation, which is currently required for Fire Crew entry. This is a physically rigorous test. Completion of this test requires participants to perform at near maximum heart rates, challenge upper body strength, muscular endurance, and coordination skills.

It is the recommendation of the Junior Fire Crew Workshop to undergo a medical examination by a physician if the applicant or the guardians have any concerns.

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 the activities at the Junior Fire Crew Workshop, the student may be expelled.**

1. List any injuries or illnesses affecting physical activity.

2. Have you been under a doctor's care for any reason within the preceding two (2) years? No Yes If yes, explain:

3. Do you have a bone or joint problem that could be aggravated by physical activity? No Yes If yes, explain:

4. Do you feel pain in your chest while you exercise physically? No Yes If yes, explain:

5. Do you experience dizziness, shortness of breath, or do you ever lose consciousness? No Yes If yes, explain:

6. Are you currently on medication, including but not limited to EpiPens / allergy medication? No Yes If yes, explain:

7. Please list any allergies below *:

*** Due to volume of participants and/or location of the event, students with dietary restrictions are asked to provide their own food to ensure their safety.**

Applicant Signature

Parent/Guardian Signature

Junior Fire Crew Workshop

Teacher Statement of Recommendation

Thank you for completing the Teacher Statement of Recommendation regarding the student named below. The information on this reference will be used to determine candidates for the Junior Fire Crew Workshop. A quality response to the general comments section is also important.

Student Name		School	
Teacher Name		Teacher Phone	
Subject		Teacher Email	
Signature		Date	

	POOR TO EXCELLENT				
	1	2	3	4	5
Attendance / Punctuality Comments:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work Ethic Comments:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attitude Comments:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative / Motivation Comments:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Skills Comments:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Comments:					

Junior Fire Crew Workshop

TNT Coordinator Statement of Recommendation

Student Name

School

Please confirm and check the following statements:

- I have read over and attest to the completion of this application.
- I have read the conduct report (last two (2) years) and reviewed it with the principal if there are any issues.
- I recommend this student for the Junior Fire Crew Workshop.

Student Support: (student may require additional support from their school and/or district staff)

Please check:

- transportation
- emotional/social
- monetary (i.e. application fee)
- other _____

Does this student have an IEP?

- No Yes: category _____

TNT Coordinator Name

TNT Coordinator Signature

Date



Junior Fire Crew Workshop Parent/Guardian Permission and Liability Waiver

Applicant Name

School District No.

I, _____, the parent/guardian of _____ hereby give permission for _____ to participate in the KAMLOOPS JUNIOR FIRE CREW WORKSHOP work experience program. I understand they will be involved in a variety of activities, including observing demonstrations of actual fires being suppressed. I understand that they will be required to provide their own transportation to the site. I further acknowledge that some physical activity will be involved and state that _____ is in good physical condition and is capable of participating in strenuous physical activity. I also understand that a medical examination is required to ensure they will be capable of participating in the physical activities.

Further, the undersigned agrees to assume all risks of participating in the KAMLOOPS JUNIOR FIRE CREW WORKSHOP and does hereby remise, release, and forever discharge the BRITISH COLUMBIA WILDFIRE SERVICE, its servants 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 the BRITISH COLUMBIA WILDFIRE SERVICE, KAMLOOPS during the KAMLOOPS JUNIOR FIRE CREW WORKSHOP.

In witness whereof I have set my hand this _____ day of _____, 20____ at the City of _____, Province of British Columbia.


Witness

Applicant Signature

Witness

Parent/Guardian Signature

**School District No. 73 (Kamloops-Thompson)
HIGHER RISK SECONDARY FIELD TRIP
INFORMATION & CONSENT FORM**

Principal's approval: 
Please return before: **February 18, 2026**

Activity: SD73 (Kamloops-Thompson) Junior Fire Crew Workshop Teacher's Name: Kerry Gairdner

Location: BC Wildfire Centre (4000 Airport Rd) Date(s): April 15-18, 2026

Time (s): Departure from school: N/A Arrival back at school: N/A

Overview Itinerary for the Field Trip Program: Four (4) Day On-Site Junior Fire Crew Workshop 8:00 am – 5:30 pm each day
Students will be transported to remote locations from BC Wildfire Centre (4000 Airport Rd) in BC Wildfire vehicles.

Transportation: Walking to and from the activity Transported by school bus
 Driven in private vehicle Drivers required

(Volunteer drivers must be at least 21 yrs old & have at least \$1,000,000.00 liability insurance. There must be a seatbelt for each child & no air bag on front passenger side unless the passenger is 12 yrs of age or older. Drivers must have completed a SD#73 volunteer driver form.)

Parent Helpers Required: Yes No Lunch Required: Yes No

Fee To Be Paid: Yes No Amount required: **\$175.00** (payable to SD73)

PERMISSION SLIP

The following statement must be signed by the parent/guardian for students participating in Higher Risk Field Trips:

I am aware and understand that participation in the Higher Risk Field Trip involves certain inherent risks, dangers and hazards which may result in serious personal injury or death or other loss or damage to property. I am aware that downhill skiing, Nordic track skiing, snowboarding and snowblading, ice skating, road cycling, mountain biking, adventure hiking, canoeing, kayaking, swimming in natural settings, wilderness orienteering and residential camping are dangerous activities and that in addition to the usual risks inherent in these activities, certain additional dangers and risks including, but not limited to, varying snow, ice and visibility conditions and the danger and risk of collision with natural and man-made objects. For International travel, I have been informed that the Higher Risk Field Trip may become a dangerous activity due to global unrest. Further I agree that there may be other risks not known to me or not reasonably foreseeable at this time. I release and agree to indemnify and hold harmless the Board of School Trustees of School District No. 73 (Kamloops-Thompson) "the Board", its employees and agents ("the Releasees"). From any loss, claim, or demand for any and all negligence arising as a result of the Student's involvement or participation in the Higher Risk Field Trip except where such negligence is caused by the Releasees. I understand and accept that the Board and its employees and agents may at any time cancel the Higher Risk Field Trip for appropriate reasons including travel advisories indicating international air travel is unsafe or the destination is unsafe. Accordingly, I agree to waive any and all claims against the Board, its employees and agents for any monetary loss arising from the cancellation of the Higher Risk Field Trip. I understand that during the Higher Risk Field Trip the Student may incur additional unforeseen financial expenses required for reasons of safety and I agree to waive and reimburse for any and all claims against the Board, its employees and agents for any such expenses that are reasonably required. Both my child and I understand that Board Policy #240 "Student Behaviour – Discipline" applies on all field trips. The use of alcohol or drugs and or inappropriate student conduct may result in suspension from school. Students engaging in these behaviours are liable to be sent home at their families' expense.

I have read and am informed about the proposed field trip for the **SD73 (Kamloops-Thompson) Junior Fire Crew Workshop which will be held at the BC Wildfire Centre from April 15-18, 2026.** I request that my child _____ participate in this trip. I understand there is a cost involved and have enclosed \$ 175.00 with this form. I, the undersigned parent or guardian of the above named student, request that my child be allowed to participate in the trip.

Note any medical conditions or medication the staff or supervisors should be aware of: _____

***Due to volume of participants and/or location of the event, students with dietary restrictions are asked to provide their own food to ensure their safety.**

Please supply the school with: Family Physician, Care Card Number and Emergency Numbers if they are not already on file.

Parent/Guardian Signature: _____ Phone: _____ Cell: _____

Office Use Only: Fee for Field Trip Received: Yes No Amount: _____ Initials: _____



Junior Fire Crew Workshop

Media Release Form

(Please print)

I, _____, Parent/Guardian of _____,
hereby give my permission and consent to having my child's photo taken for program publicity
and media relations during the Junior Fire Crew Workshop.

Media coverage of this event could include my child's photo, name, and their comments. This
information could show up on BC Wildfire Service advertising or on School District No. 73's
website or any of the school's websites.

DATED this ____ day of _____, 20____.

Student Name (print): _____

Student Signature: _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____



Junior Fire Crew Workshop Dates to Remember



Please detach and keep for your reference.

Dates for Junior Fire Crew Workshop:	
Student Application deadline	February 18, 2026
Successful Applicants Notified by TNT Coordinator	February 25, 2026
Mandatory Beep Test	March 4, 2026 4:00 – 5:00 pm Pineridge Education Centre gymnasium 1770 Springview Pl
Parent and Student Orientation	April 8, 2026 6:00 – 7:00 pm BC Wildfire Station 4000 Airport Rd
Submit completed WFX-Fit Fitness Test Release Form	April 14, 2026
Junior Fire Crew Event	April 15 – 18, 2026 8:00 am – 5:30 pm BC Wildfire Station 4000 Airport Rd

BC Wildfire Service
Type 1 Wildland Fire Fighter
WFX-FIT Fitness Test and Job Responsibilities
Physician's Release Form

To the Physician; RE: _____
(Name of Applicant)

The above named has made an application or is returning to the job of a Type 1 wildland fire fighter crew position with the BC Wildfire Service (BCWS).

He/she is required to successfully complete the the *Canadian Physical Performance Exchange Standard for Type 1 Wildland Fire Fighters (WFX-FIT)* fitness test as described below.

BCWS requires the person to provide a *Physician's Release Form* at his/her own expense to determine whether or not he/she is fit to undergo the physical testing as outlined below and perform the job responsibilities of the position on an ongoing basis, also outlined below, as per the date of this release form.

The components of the WFX-FIT circuit include:

1. Carrying a medium pump (28.5 kg: 62.7 lb) on the back for 160 m (524.9 ft) while traversing a 1.22 m (4 ft) 35 degree ramp every 20 m (65.6 ft).
2. Carrying the same medium pump in the hands 80 m (262.4 ft) without traversing the ramp.
3. Picking up and carrying a hose pack (25 kg: 55 lb) on the back for 1 km (3,281 ft) while traversing the ramp every 20 metres (65.6 ft).
4. Dragging a weighted sled (calibrated to require 18.5 kg [40.7 lb] of force to move) a distance of 80 m (262.4 ft) on level ground.

The WFX-FIT is completed as a timed circuit. All four (4) components must be tested together and take the applicant no more than 14 minutes and 30 seconds to complete.

A Type 1 wildland fire fighter is usually the first to arrive at a fire site to suppress a wildfire, which may occur on a multitude of varying terrain. They routinely work long, hard and stressful hours with little rest. They work in hot smoky conditions, often in very remote situations for several days on end sometimes at high elevations. Heavy loads are carried long distances often over difficult terrain.

The participants will be subject to continued and increasing physical exertion over the course of the WFX-FIT test circuit and may experience maximal heart rate and maximal stress being placed on the cardiovascular system during the test for a period of up to 14 minutes, 30 seconds.

The maximum resting blood pressure allowed for an individual to take the test is 160/90 mmHg.

To minimize the chance of precipitating a major cardiovascular event, we are requesting that this person be examined to determine his/her test risk potential. This examination is also required to assess any illness or non-work related injury that the employee may be recovering from.

BC Wildfire Service

**Type 1 Wildland Fire Fighter
WFX-FIT Fitness Test and Job Responsibilities
Physician's Release Form**

For Physician use:

In addition to your usual examination we request your assessment of this person with respect to factors which may place him/her at risk during this maximal test:

1. Hypertension with possible causative factors
 2. Diabetes Mellitus
 3. Persons with known heart disease or symptomatic cardiovascular disease including angina, breathlessness, palpitations, edema, syncope, dizziness
 4. Individuals with low fitness levels
 5. Acute systemic infections including viral respiratory infections
 6. Muscular and/or skeletal problems which may affect physical performance
 7. Any other areas of concern:
- _____

<p>In my opinion, this person is:</p> <p>FIT _____ NOT FIT _____</p> <p>to partake in the WFX-FIT test and perform the job function of a Type 1 Wildland Fire Fighter on a continuing basis.</p>

Date of last physical examination: _____

COMMENTS:

DATE: _____

**(Signature of Physician or
Certified Exercise Physiologist (CEP))**

(Physician's / CEP's Stamp)

Name of Physician or CEP: _____

Address: _____

NOTE:
Please give this form to the applicant for return to the BCWS representative at his/her Fire Centre/Zone.

BCWS Managers (or designates):		
<p>If requesting employees to obtain a Physician's Release Form prior to their return to work following illness or non-work related injury, please sign below and present to the employee prior to their appointment with the Physician. Also, in section 7 above please identify the nature of the illness or injury in question.</p>		
<p>_____ Signature of BCWS Manager or designate</p>	<p>_____ Print Name and Position</p>	<p>_____ Date Signed</p>