

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 2024

The Franklin Township Fire Companies invites 12-15 year-old students from the Delsea Regional School District and The Franklin Township School District to participate in the Franklin Township Fire Youth Camp Week. This week long program will start on August 12, 2024 through August 16, 2024 and will expose the participants to a variety of functions within the fire service field. This program will emphasize leadership, teamwork, and decision making skills.

The participants will be exposed to:

**Military
Drill
Physical
Fitness
Team Building Exercises
Scenario Based Decision Making
Training Specialized Units (Engines,
Ladder, Dispatching, Water Rescue, CPR,
etc.)**

Youth Week 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 July 5, 2024.

There will be a mandatory parent/guardian meeting on July 30th at Malaga Fire Station Administration Building 601 West Main Street, Malaga, NJ at 7:00 pm.

Any questions can be directed to
Anthony Baldosaro at
856-694-1234 ext. 157 or 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: July 5th

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

Fire Camp 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.

Cadet's Name (print): _____

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

Signature of Parent/Guardian: _____ Date: _____