

Catawba County Emergency Services Summer Academy 2020

Participant Name: _____	Email Address: _____
School: _____	Current Grade: _____
Parent/Guardian: _____	Email Address: _____
Address: _____	
Phone: (cell) _____ (home) _____	
I understand that the dates for the Summer Academy are July 27-31, 2020 from 9:00 am to 4:00 pm. I confirm that I am available to attend the entire time each day. <input type="checkbox"/> Yes <input type="checkbox"/> No	
I understand that the Summer Academy requires high engagement and active participation and agree to actively participate in all activities according to my abilities. <input type="checkbox"/> Yes <input type="checkbox"/> No	
With this application you will need to submit two letters of reference from persons in the community who can speak to your character. Please do not use family members/relatives. I have submitted two letters of reference. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Applications are due by May 1, 2020. Applications and references can be emailed to melaniesigmon@catawbacountync.gov or mailed to Catawba County EMS, 100 Government Drive, Newton, NC 28658. Attn: Melanie Sigmon

Those selected will be emailed by May 15, 2020.

Please answer the following questions fully:

1. Why are you interested in participating in the Emergency Services Summer Academy this year?

2. Please check all areas of Emergency Services in which you are interested. Place an * beside the one in which you are most interested. For more information on these areas, visit us at:

<https://www.catawbacountync.gov/county-services/emergency-services/>

Emergency Management Emergency Medical Services Fire & Rescue 911 Communications

3. What do you hope to gain from this experience?

I hereby acknowledge that I would like to participate in the 2020 Catawba County Emergency Services Summer Academy.

Signature of Participant

Date

I hereby certify that my son/daughter, _____, has my permission to participate in the 2020 Catawba County Emergency Services Summer Academy should he/she be selected.

Signature of Parent/Guardian

Date