



NYCEM

New York City Emergency Management

2025 HERricane Application

To be considered for the 2024 I-DIEM HERricane New York City Program, please email a completed and signed application packet to HERricane@oem.nyc.gov by **11:59 PM ET on June 20th, 2025**. Our selection committee will be in contact with you regarding your acceptance no later than June 30th, 2025.

Selected participants will receive further information, including a program schedule, via email. Questions about the program and the application can be directed to HERricane@oem.nyc.gov.

Applicant Information

1. Full Name: _____
First Name Middle Name Last Name
2. Date of Birth:
3. Email Address:
4. Phone Number:
5. Borough Where You Live: ☐ Bronx ☐ Brooklyn ☐ Manhattan ☐ Queens ☐ Staten Island
6. T-Shirt Size:
7. NYCEM will be providing breakfast and lunch for HERricane participants. Do you have any food allergies or dietary restrictions? ☐ Yes ☐ No
 - a. If yes, please list your food allergies or dietary restrictions. Note: Participants with dietary restrictions and/or allergies are welcome to bring their own meals as well.
8. Do you have any physical, medical, mental, or psychological impairments, or a history or record of such impairments for which you require a reasonable accommodation to participate in the HERricane program? ☐ Yes ☐ No
 - a. If yes, please list what reasonable accommodations you require.



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9. HerRricane Program will happen Monday, July 14th – Friday, July 18th from 9:00 AM – 5:00 PM at NYC Emergency Management’s Office (165 Cadman Plaza East, Brooklyn, NY 11201). Participants are expected to attend all five days of programming. Are you able to commit to attending all FIVE days of programming? ☐ Yes ☐ No

a. If no, please explain.

10. Please provide any other important information you would like us to know about your participation. (Optional)

11. How did you hear about the HERricane Program? (Select all that apply).

☐ School ☐ Community-based Organization or After-School Program ☐ Social Media
☐ Friend or Relative ☐ Other: _____

School Information

12. Are you currently enrolled in school? ☐ Yes ☐ No

a. School Name:

b. School Type: ☐ High School ☐ College/University

c. Anticipated Graduation Year:

Emergency Contact Information

13. Emergency Contact Name:

a. Relationship to Participant:

b. Phone Number:



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Essay Questions

Please respond to the below questions with 3-7 sentences each.

14. Tell us about yourself. (Examples: your hobbies, favorite subject, best qualities, etc.)

15. Why are you interested in participating in HERricane?

Signatures

Participant Signature: _____

Date: _____

FOR ENTRANTS UNDER 18 YEARS OF AGE:

I hereby state that I am the parent or guardian of the entrant whose signature appears above. I am familiar with, consent, and agree on behalf of the entrant, to the terms and provisions set forth in this application form.

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Date: _____