

# CITIZENS' FIRE ACADEMY APPLICATION

*The emergency information sheet must accompany application*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

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Are you currently a member of a fire department? Y \_\_ N \_\_ Where? \_\_\_\_\_

If the Academy is full, would you like to be placed on a waiting list? Y \_\_\_ N \_\_\_

Shirt size: \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL

All applicants must be 18 years of age and reside within unincorporated

Fayette County or the Towns of Tyrone, Brooks, or Woolsey.

All the information on this application must be true and accurate.

The department reserves the right to reject or accept any applicant for the Citizens' Fire Academy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This application form should be completed and returned,

along with the emergency information sheet to

Fayette County Fire & Emergency Services

140 Stonewall Ave. West, Suite 214, Fayetteville, GA 30214

[kirose@fayettecountyga.gov](mailto:kirose@fayettecountyga.gov)

If you have any questions, please contact Fire/EMS Headquarters at 770-305-5414.

*The Academy is an 11-week course with Graduation on the final night. Classes will be held on Thursday evenings from 6:30 p.m. until 9:00 p.m. Unless specified, class each week will meet at Fayette County EOC. Graduation will be on Thursday night of the final week at the Board of Commissioners meeting, beginning at 5:00 P.M.*

# CITIZENS' FIRE ACADEMY

## Emergency Information Sheet

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In case of emergency, whom shall we contact?

Name/Relationship Phone Number:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Medical Conditions:

- \_\_\_\_\_ Cardiac/Heart
- \_\_\_\_\_ Breathing/Respiratory
- \_\_\_\_\_ Stroke
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Vision/Hearing
- \_\_\_\_\_ Other

Do you have any known allergies? Y \_\_\_\_\_ N \_\_\_\_\_ What? \_\_\_\_\_

**Note:** Certain activities throughout the Citizen's Fire Academy may involve a moderate degree of physical exertion. It is recommended that participants with any of the above-mentioned conditions check with their physician prior to participating in the academy. **Participation in any portion of the program is purely voluntary and shall not be considered a requisite for acceptance.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_