



## CITIZEN'S FIRE ACADEMY APPLICATION

### APPLICANT INFORMATION

Name:		
Date of birth:	Driver's License No.:	Phone:
Current address:		
City:	State:	ZIP Code:
Email:		
Name of community, group, school, business church etc.:		
If the academy is full, would you like to be placed on a waiting list?    Y___ N___		
How did you hear about the Citizens Fire Academy?    Website ____, Twitter ____, Facebook ____, Flyer ____, Newspaper ____, Other ____		
Shirt size:    __S, __M, __L, __XL __XXL		

### EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

### MEDICAL INFORMATION

Cardiac/Heart:	Diabetes:
Breathing/Respiratory:	Vision/Hearing:
Stroke:	Other:

Allergies:

Note: Certain activities throughout the Citizens Fire Academy may involve a moderate degree of physical exertion. It is recommended that participants with any off the above mentioned physical conditions consult their physician prior to participating in the academy or before participating in those exercises. Participation in any portion of the program is purely voluntary and shall not be considered a prerequisite for acceptance.

### SIGNATURE

I certify all of the information on this application is true and accurate.

Signature of applicant:	Date:
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**This application should be completed and returned to Terese Cummings at [tshicks@atlantaga.gov](mailto:tshicks@atlantaga.gov) or Truman Oetting at [toetting@atlantaga.gov](mailto:toetting@atlantaga.gov) . You may also deliver your application to 407 Ashwood Ave. Atlanta, GA 30315.**

**The Atlanta Fire Rescue Department reserves the right to accept or reject any applicant for the Citizens Fire Academy.**