

Henry County Fire Department

CITIZENS FIRE ACADEMY APPLICATION

The emergency information sheet and release form must accompany application

Last Name _____ First Name _____ M.I. _____

Address _____

Birth Date _____ Telephone Number _____ - _____ - _____

Driver's License No. _____ E-mail _____

Occupation _____ Employer _____

Personal Reference that we may contact: Name _____

Address _____ City _____ St _____ Zip _____

Occupation _____ Employer _____

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 ___

How did you here about the Citizen Fire Academy? ___ County Website ___ Twitter

___ Fire Website ___ Flyer ___ Channel 10 ___ Channel 14 ___ Channel 15

___ Newspaper ___ Other

Shirt size: ___ S ___ M ___ L ___ XL

All applicants must be 18 years of age, and reside within Henry County. All of the information on this application must be true and accurate. The Henry County Fire 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 form and legal release forms to the Henry County Fire Department at 110 South Zack Hinton Parkway, McDonough, Georgia 30253. If you have any questions, please call (770) 288-6620 between the hours of 8:00 a.m. and 5:00 p.m.

The Academy will begin on September 15, 2011 @ 6:00 p.m.

HENRY COUNTY FIRE DEPARTMENT
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: _____

**HENRY COUNTY FIRE DEPARTMENT
CITIZENS FIRE ACADEMY**

Background Check Consent form

I hereby authorize the Henry County Fire Department to conduct a limited background investigation, for the purpose of acceptance in the Citizen's Fire Academy. I authorize said personnel to receive any criminal history record information and/or driver's history pertaining to me with any state or local justice agency.

Print Full Name: _____

Maiden Name or alias: _____

Address: _____

City: _____ State: _____ Zip: _____

Race: _____ Sex: _____ DOB: _____ - _____ - _____

SSN: _____ - _____ - _____ License No: _____ State: _____

Signature of Applicant: _____ Date: _____



Henry County Police Department Use Only:

Criminal History Attached: _____ Yes _____ No

Driver's History Attached: _____ Yes _____ No

Authorized Signature: _____

Henry County Fire Department