

**City of Freeport Fire Dept.
Citizens Fire Academy
Application for Enrollment**

First Name _____ **M.I.** _____ **Last Name** _____

Home Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Date of Birth _____ **Drivers License #** _____

Present Employer _____ **Work Phone #** _____

Employer Address _____

In Case of Emergency Contact:

Contact Name _____ **Contact Phone #** _____

Any Known Medical Conditions/Allergies _____

Do you know or are you related to anyone who is a member of the Freeport Fire Department? (include name and relationship) _____

Have you ever been arrested for, convicted of, or cited for an offense other than traffic citations? No Yes **If yes explain** _____

List any prior Fire Service or Emergency Medical Training. Include military, first aid, CPR, etc. _____

What is your reason for wanting to attend? _____

Have you ever completed any other Citizen Academies or the like? If so, please list.

Are you a member of any Civic Groups or Professional Organizations? Please list.

In the event the number of applicants exceeds the class size limitations, some applicants may not be able to participate in the upcoming class. If not accepted for this class would you be interested in a future academy? No Yes

I am willing to undergo a minimum background investigation by the City of Freeport due to the sensitivity and nature of some of the information that may be covered during the Academy. No Yes

I agree to sign a release of liability form that will hold harmless the City of Freeport in the unlikely event of an injury or property damage. No Yes

Signature _____ Date _____

Freeport Fire Dept.
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Freeport IL, 61032
Phone 815-235-8217 Fax 815-599-5830