

# 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 \_\_\_\_\_

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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 Torrie at (770) 288-6641 between the hours of 8:00 a.m. and 5:00 p.m.

*The Academy will begin on Thursday March 22, 2018 and run for eight weeks*  
*Classes are held on Tuesday evenings from 6:00 p.m. until 9:00 p.m.*

**Applications must be submitted March 14, 2018**

# 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 (First, Middle, Last):

\_\_\_\_\_

Maiden Name or alias: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ License No: \_\_\_\_\_ State: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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Henry County Police Department Use Only:

Criminal History Attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's History Attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

Authorized Signature: \_\_\_\_\_

Henry County Fire Department