

**City of Freeport Fire Department**  
**Citizens Fire Academy Fall 2017**  
**Application for Enrollment**

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

Home Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Drivers License # \_\_\_\_\_

**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) \_\_\_\_\_

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.

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