



CORSICANA *Fire Rescue*

Citizens Fire Academy Application for Enrollment

PLEASE PRINT OR TYPE

Applicants must either live, work, or attend school (9th - 12th grade) in the City of Corsicana/Navarro County and meet program criteria including a Criminal Background check. Incomplete, inaccurate, or unsigned applications and anyone having charges currently filed against them that are either being tried or are pending in any criminal court will not be considered. "Release from Liability" and "Authorization to Release Information" forms must be signed and submitted with this application to be considered. Upon completion of the program, you are encouraged to volunteer at the many upcoming Fire Department events.

PERSONAL

Name (Last/First/Middle) _____ Hm/Cell Phone: _____

Address _____ City/Zip Code _____

Date of Birth _____ Driver License # _____

Occupation _____ Business Phone Number _____

Email _____

BACKGROUND

How did you hear about the Citizens Fire Academy?

What is your purpose for attending?

Have you ever been arrested for or convicted of a crime? Yes No

Do you currently have any charges filed against you that are either being tried or are pending in any criminal court?

Yes No

If you answered "Yes" to either of the questions above, please explain below:

REFERENCES

Please list name, address, and phone number of two personal references.

- 1. _____
- 2. _____

SIGNATURE

"I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statements on this application will be cause for rejection for enrollment or dismissal from the Corsicana Fire Rescue Citizens Fire Academy. I understand that a rejection of enrollment may occur if I have any charges filed against me that are currently being tried or are pending in any criminal court. I understand that there is no charge for the Academy and, if selected for enrollment, pledge the time commitment to attend, and upon completion of the program, you are encouraged to volunteer at the many upcoming Fire Department events. I understand that Corsicana Fire Rescue Citizens Fire Academy is not an official firefighting training program."

Applicant Signature	Date
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T-Shirt Sizing

Please circle your T-shirt size. S M L XL XXL XXXL

Please return to: *(Mailing Address)*

Corsicana Fire Rescue
Citizens Fire Academy
200 N. 12th St.
Corsicana, TX 75110

(Physical Address)

Corsicana Fire Rescue
Citizens Fire Academy
200 N. 12th St.
Corsicana, TX 75110

THIS FORM IS ONLY TO BE COMPLETED AFTER ACCEPTANCE TO CITIZENS FIRE ACADEMY. A NOTARY WILL BE PROVIDED AT CORSICANA FIRE DEPARTMENT, AT NO ADDITIONAL CHARGE TO APPLICANT.

AUTHORIZATION TO RELEASE INFORMATION

I hereby release you and your organization from any liability which may or could result from conducting a Criminal Background Check or any subsequent use of such information in determining my qualifications for the Citizens Fire Academy.

Applicant's signature: _____ Date: _____

SUBSCRIBED AND SWORN to before me, by the said _____, this _____ day of _____, 20 __, to certify which witness my hand and seal of office.

Notary Public Seal

Notary Public Signature

THIS FORM IS ONLY TO BE COMPLETED AFTER ACCEPTANCE TO CITIZENS FIRE ACADEMY. A NOTARY WILL BE PROVIDED AT CORSICANA FIRE DEPARTMENT, AT NO ADDITIONAL CHARGE TO APPLICANT.

RELEASE FROM LIABILITY

STATE OF TEXAS §
 §
COUNTY OF NAVARRO §

In consideration of the permission given to me to participate in the Citizens Fire Academy ("Academy") by the Corsicana Fire Rescue ("Department") of the City of Corsicana ("City"), I _____, assume all risk for personal injury or death and property damage or loss from whatever causes in connection with my participation in the Academy, and I will hold harmless the City, and anyone for whose acts the City may be liable, from all damages, claims, losses, demands, suits, judgments, costs, including reasonable attorney's fees, and expenses arising out of or resulting from my participation in the Academy. I fully understand and acknowledge that the work of the Department is inherently dangerous.

My undertakings and waivers in the Release from Liability are in consideration of being allowed to participate in the Academy.

Signature Printed Name

Subscribed and sworn to (or affirmed) before me this ____ day of
_____, 20__, by _____.

Stamp or Seal -----
 Signature of Notary Public

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 Corsicana, TX 75110

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