



Smyrna 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 _____ - _____ - _____
E-mail _____

Personal Reference that we may contact: Name _____
Address _____ City _____ St _____ Zip _____
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 __
Shirt size: ___S ___ M ___ L ___XL___

All applicants must be 18 years of age, and reside within The City of Smyrna. All of the information on this application must be true and accurate. Smyrna 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 Smyrna Fire Department at 2620 Atlanta Rd, Smyrna, Georgia 30080. If you have any questions, please contact Christy Manna at (770) 434-6667 between the hours of 8:00 a.m. and 5:00 p.m.

The Academy is a 9 week course with Graduation on the final night. Classes will be held on Wednesday evenings from 6:30 p.m. until 9:00 p.m.



**SMYRNA FIRE DEPARTMENT
CITIZENS FIRE ACADEMY
Background Check Consent form**

I hereby authorize Smyrna 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: _____

Smyrna Police Department Use Only:

Criminal History Cleared: _____ Yes _____ No

Authorized Signature: _____

Smyrna Police Department



**SMYRNA 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: _____