



Application Process

Thank you for your interest in participating in the Citizens Academy with South Metro Fire Rescue.

Applicant Note:

The following application is intended to get information that will ensure a safe and comfortable academy experience. Throughout the eight weeks of the academy, participants will be engaged from time to time in strenuous activities and interact closely with other participants. There is a \$25 fee for materials once an application has been accepted.

Application for Citizens Academy

Return to: South Metro Fire Rescue
9195 E. Mineral Ave., Centennial, CO 80112
Telephone: 720-989-2209

Date of Application: _____

Instructions: Please answer each question completely and accurately, using N/A when appropriate.

Applicant Information:

Full Legal Name: _____			
_____	_____	_____	_____
Last Name	First Name	Middle Name	
Address: _____			
_____	_____	_____	_____
Street	City	State	Zip Code
Telephone			
Home: _____		Social Security Number: _____	
Work/Cell: _____		Email Address: _____	

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Are you 18 years of age or older? () Yes () No

Date of Birth: _____ Height: _____ Weight: _____

T-Shirt Size (indicate Men's or Women's): _____ Pant size: _____ Shoe Size: _____

Place of Employment: _____

Address: _____

Have you ever been convicted or pled guilty to a crime, or are there any charges pending against you? () Yes () No

Please indicate: Misdemeanor _____ conviction _____ pending **and/or** _____ Felony _____ conviction _____ pending

If yes, please describe the offense. Give the date, location and disposition of the charge (include military service but exclude minor traffic violations or offenses adjudicated in juvenile court):

A conviction will not necessarily disqualify you from the academy. Seriousness and date of conviction will be considered.

General Information:

Do you have a valid driver's license? () Yes () No State issued: _____ License #: _____ Expiration date: _____

If no, why? _____

Emergency contact name: _____

Emergency contact phone number: _____

Second number: _____

Any known medical conditions?

Current medications:

Any known allergies?

Community groups with whom you are affiliated: _____

The answers to the following questions will be important in the selection process. Please take your time to answer the questions completely.

Classes are scheduled to meet each Wednesday from 6:00 p.m. to 10:00 p.m. for eight weeks (April 5-May 24). Are you committed to attend every class?

Please circle your answer: Yes Will Try To Most Classes Unknown

Additional Information:

What do you hope to learn or accomplish by completing this academy?

Why should you be selected to attend this academy? *(Please feel free to attach another sheet if more room is needed.)*

How did you hear about the Citizens Academy?

SMFR web site _____ Fire service periodical _____ Other internet source _____ Newspaper _____ Personal Contact _____

Other: _____

Do you wish to make any other remarks to help us make our decision?

Professional References

Please give names of persons, not related to you, whom you have known for over a year.

Name	Address	Telephone	Occupation	Years Known

Certification & Release (read carefully before signing):

In consideration of my application to attend the Citizens Fire Academy, I give South Metro Fire Rescue permission to check my personal background and references and to conduct other background checks such as arrest records, convictions, and traffic citations as necessary to ensure the integrity of the class. The above information is correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____

This application is valid for six months from the date above.

Please mail your completed application to the following address:

Citizens Fire Academy
South Metro Fire Rescue
Attn: B Bishop
9195 E. Mineral Avenue
Centennial, CO 80112

Questions? Please call Becky Bishop at 720-989-2209 or email him at becky.bishop@southmetro.org

