



## Valdosta Fire Department Citizens Fire Academy Application



*Please print or type*

Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_ Shirt Size (men's style) S, M, L, XL, 2XL, 3XL

Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_

How did you hear about the Citizens Fire Academy? \_\_\_\_\_

\_\_\_\_\_

Why do you wish to attend the Citizens Fire Academy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you related to anyone employed by the Valdosta Fire Department? Yes  No  If yes, who?

\_\_\_\_\_

Have you ever been convicted of a felony within the last 10 years? Yes  No  If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Do you have any health issues that would require a reasonable accommodation to participate in the program?

Yes  No  If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Academy classes are scheduled for eight consecutive Tuesday nights, from 6 – 9 p.m. Excluding emergencies, can you attend all classes? Yes  No  If no, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I understand that I am required to complete and submit this application form and a Valdosta Fire Department Personal Inquiry Waiver Form. By signing these forms, I give the Valdosta Police Department permission to obtain any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia. I understand that a felony conviction or recent serious misdemeanor conviction may result in my exclusion from participation.*

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

**VALDOSTA FIRE DEPARTMENT  
PERSONAL INQUIRY WAIVER FORM**

I, \_\_\_\_\_, authorize the Valdosta Police Department to release any criminal history record the State of Georgia or the Valdosta Police Department might have to the City of Valdosta Fire Department. I hereby agree that the Valdosta Police Department, the Georgia Crime Information Center, the employees of either agency, or the employees of any other agency of the state shall not be responsible for the accuracy of the information given or have any liability for defamation, invasion of privacy, negligence or any other claim in connection with any dissemination of information pursuant to this records check.

Print (full name): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (full name): \_\_\_\_\_

Other names used: \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_  
Signature of Prospective Citizens Fire Academy Participant

\_\_\_\_\_  
Date

*The prospective program participant must be made aware of any adverse participation decisions made as a result of the criminal history and that the individual may contact the Valdosta Police Department should they wish to contest any part of the criminal history. This application must be legible and properly completed for operator to process this form.*