

The Colony Fire Department

*Citizen's Fire Academy
4900 Blair Oaks
The Colony, Texas 75056
(972) 625-3944*

Application for Enrollment Must be 21 years of age.

Please Print

Name: Mr., Mrs., Ms. _____
(Circle one)

Home Address: _____
(Street) (City) (Zip Code)

Home Phone: _____ **Beeper/Other#** _____

Occupation: _____

Business Name: _____

Business Address: _____
(Street) (City) (Zip Code)

Work Phone: _____

E-Mail Address: _____

Date of Birth: ___/___/___ **Drivers License #** _____

Have you ever been arrested? If so, explain:

How did you hear about the Citizen's Fire Academy?

Why do you want to attend the Citizen's Fire Academy?

Have you ever attended the Citizen's Police Academy? (Circle one)

YES

NO

Are you a member of the Citizen's Police Academy Alumni Assoc?

YES

NO

Give name, address, and phone number of three character references:

1. _____

2. _____

3. _____

In consideration of my application to attend The Colony Fire Department's Citizen's Fire Academy, I give The Colony Fire Department permission to check my personal background and references and to conduct other background checks as necessary to insure the integrity of the class. The above information is correct to the best of my knowledge.

Date: _____ **Signature of Applicant:** _____

T-shirt size (circle one): **S** **M** **L** **XL** **XXL** **XXL**

Golf shirt size (circle one): **S** **M** **L** **XL** **XXL** **XXL**

IN CASE OF EMERGENCY WHILE ON DUTY

Student Full Name _____

Address _____

Home Telephone: _____ **Date Of Birth:** _____

Social Security Number: _____

Student Physician: _____

Physician Telephone Number: _____

Hospital Preference _____

In Case Of Emergency Notify:

Name

Relationship

Phone Number

1. _____

2. _____

3. _____

List Any Allergies: _____

List Any Medical Problems: _____

Special Instructions: _____
