



Citizens Fire Academy

Application for Enrollment

Name:			
Address:			
City/Zip			
Home Phone		Business Phone	
Date of Birth		Occupation	

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? If yes, please explain

No

Yes

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

Name	Address	Phone

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

Please return to: Waycross Fire Department
1820 Mary Street
Waycross Georgia 31501