



C.F.A

Citizens Fire Academy Application



Name: _____ CIRCLE ONE: Mr. Mrs. Ms.

Home Address: _____

City/State Zip _____

Business Address: _____

Street City/State Zip _____

Home Phone: _____ Work Phone: _____

Date of Birth: ____/____/____

Have you ever convicted of a crime? _____

If so explain: _____

How did you first hear about the Citizens Fire Academy? _____

Why do you wish to attend the Citizens Fire Academy? _____

Give two character references:

NAME	ADDRESS	PHONE NUMBER
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1.	_____	_____
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2.	_____	_____
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In consideration of my application to attend the Citizens Fire Academy, I understand taking these classes will not qualify me for any position within Saint Lucie County Fire District. I also understand I am a visitor and will abide by all the rules of the agency that I am visiting during the Citizens Fire Academy. The above information is correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____

For further info please call: Catherine W. Chaney, Public Information Officer, at (772) 621-3333

Fax (772) 873-3280 or drop off completed and signed application to
St. Lucie County Fire District – 5160 NW Milner Drive – Port St. Lucie