



# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email address: \_\_\_\_\_

*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
1. _____	_____	_____
2. _____	_____	_____

*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