



Application for Enrollment

Part I

Name _____

Address _____

City _____ Zip code _____

Home phone _____ Cell phone _____

Work phone _____ Date of Birth _____

E-mail address _____

It is ok for CFCA to use my e-mail in correspondence.

Drivers License Number _____ State issued _____

Employer _____

Work Address _____

City _____ Zip code _____

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

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |



Part II

How did you hear about the Citizens Fire Corps Academy?

What is your purpose for attending?

Have you ever been arrested for or convicted of a crime? If Yes, explain.

Applicant's Signature: _____

Date: _____

T-Shirt size:

 S M L XL XXL XXXL



**CONSENT FOR CRIMINAL BACKGROUND HISTORY AND MOTOR
VEHICLE CHECK AUTHORIZATION/WAIVER/INDEMNITY**

Each person who has applied for educational, training, and/or community service activities with the Allen Fire Department, including but not limited to Citizens Fire Academy, who is to be screened must sign an authorization/waiver/indemnity form, giving approval for the City of Allen to perform a background search.

I hereby give my permission for the City of Allen to obtain information related to my background and motor vehicle record. The background record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication. I understand that this information will be used in part to determine my eligibility for educational, training, and/or community service activities with the City of Allen. I also understand that as long as I participate in educational, training, and/or community service activities with the City of Allen, the background and motor vehicle records check may be repeated at anytime. I understand that I will have an opportunity to review the background and procedure is available for clarification, if I dispute the record received.

I, the undersigned, do, for myself, my heirs, my executors and administrators, hereby remise, release and forever discharge and agree to indemnify the City of Allen and each of their officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs debts and sums of money, claims and demands whatsoever, and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to participate in educational, training, and/or community service activities.

ALL FIELDS MUST BE COMPLETED FOR PROCESSING

Last Name	First Name	MI
Other Names (Alias, Married, Maiden)		
Citizens Fire Corps Academy	Fire Department	
Activity Applied For	Department	
Date of Birth	Sex	Race
Social Security #	Drivers License #	State
Applicant's Signature	Date	