



Burlington Fire Department

215 South Church Street
Burlington, NC 27215
Citizens Academy

The Citizens Academy is designed to expose interested participants to the day-to-day work of the Burlington Fire Department and the Fire Service in general. Applicants must be at least 18 years old, in good health and have no criminal record. All information furnished in this document will be considered confidential.

Name

First

Middle

Last

Date of Birth

Driver's License Number

Physical Address

Street Number and Street

City

State

Zip Code

Mailing Address (If Different)

Street Number and Street/ P. O. Box

City

State

Zip Code

Primary Email Address

Email Address

Telephone Numbers

Home Telephone Number

Work Telephone Number

Mobile Telephone Number

Employment Information

Current Employer Name

Street Number and Address

City

State

Zip Code

Employer Phone

Employer Fax

Employer E-mail

Emergency Contact Information

Emergency Contact Name

Emergency Street Number and Address

City State Zip Code

Phone Relationship

Criminal History

Have you ever been charged or convicted of a crime (this includes traffic tickets)?

Yes No

If yes please explain.

Physical Needs Accommodations

If you have needs for physical accommodations, please note them.

Golf Shirt Size

X-Small Small Medium Large X-Large XX-Large Other

References

Reference 1 Name

Reference 1 Street Number and Address

City State Zip Code

Reference 1 Phone Reference 1 Mobile Number Reference 1 E-mail (Optional)

Reference 2 Name

Reference 2 Street Number and Address

City State Zip Code

Reference 2 Phone Reference 2 Mobile Number Reference 2 E-mail (Optional)



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Citizens Academy Release

The Burlington Fire Department will make every effort to provide a safe and enjoyable experience for participants in its programs; however, we cannot guarantee that no injuries or damages will occur through participation in our programs. We therefore require each participant to read and sign the following form before participating.

I _____ (print full name) in consideration of permission to participate in the Burlington Fire Department Citizens Academy for, my heirs, executors, administrators, agents and assigns, **DO HERBY VOLUNTARILY AND KNOWINGLY RELEASE AND DISCHARGE THE CITY OF BURLINGTON, BURLINGTON FIRE DEPARTMENT AND HEREBY WAIVE ALL CLAIMS, DEMANDS, DAMAGES, ACTIONS, CAUSES OF ACTION OR SUITS OF ANY KIND OR NATURE AND TO HEREBY HOLD HARMLESS** City of Burlington, Burlington Fire Department, its employees, agents, successors, assigns, agents and all others who may be liable, present and future, known or unknown, from any and all causes of action, including, but not limited to, any act of negligence, or the results of any decision made in connection with my care and treatment arising out of my participation in the Citizens Academy. In the event any action is brought against the City of Burlington, Burlington Fire Department, its employees, agents, successors, assigns, agents and all others, collectively or individually, pursuant to any claims released herein, that I agree that presentation of this Liability Release Form constitutes a complete and affirmative defense to said claim; and further, I agree that a court of competent jurisdiction shall dismiss said claim with prejudice. I also acknowledge that I have no limiting medical conditions and I am fully capable of participating in the Burlington Fire Citizen's Academy.

I hereby give permission to the Burlington Fire Department, its employees, agents, successors, assigns, agents and all others, to act in my place, in the event that I should require medical attention while involved in the Citizens Academy. This permission is for the purpose of securing benefits for my health and welfare, and expressly includes the Burlington Fire Department to sign releases to physicians who may render emergency medical care and services. I hereby agree to assume all liability for payment of all such professional services, and, if necessary, to reimburse Burlington Fire Department for any expense that may be incurred for my treatment, care, drugs, and other services. I agree that if my behavior is such that it endangers the welfare of others, the Burlington Fire Department may at any time immediately terminate my participation and refuse to allow me further participation in the program.

By my signature below, I hereby certify that each and every statement made on this form is true and complete to the best of my knowledge; and authorize any background and criminal records check by the Burlington Fire Department.

Signed:

Date: