



**CITIZENS FIRE ACADEMY ENROLLMENT FORM**

The Citizen's Fire Academy provides an opportunity for community members to learn about the day-to-day operations of the Southport Fire Department. Applicants must be at least 16 years old. All information furnished will be considered confidential.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
NC Driver's License number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_  
Street Address: \_\_\_\_\_  
City, State and Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Shirt Size: \_\_\_\_\_

- Have you ever been convicted of a Felony? Yes \_\_\_ No \_\_\_
- Misdemeanor? Yes \_\_\_ No \_\_\_  
If yes, please explain: \_\_\_\_\_
- Why do you wish to attend the Citizens Academy? \_\_\_\_\_
- Are you aware of any medical conditions which would prevent you from safely performing Academy activities? \_\_\_\_\_
- List any training you have received in the medical or fire service including classes of first aid, CPR, etc. (Note: No training is required for acceptance into the Academy): \_\_\_\_\_
- Are you a member of any civic group, homeowner's association, or professional organization? \_\_\_\_\_

**Please list two emergency contacts:**

1) Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
2) Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Please list two references:**

1) Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
2) Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

In consideration of my application to attend the Citizen's Fire Academy, I hereby grant the Southport Fire Department / City of Southport permission to check my personal background, including arrest records, convictions, and traffic citations as necessary to insure the integrity of the class. The above information is accurate to the best of my knowledge. I understand that if any information in this application is found to be false, I can be disqualified from the application process.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed applications prior to the deadline for processing to:  
Southport Fire Department | Attention: Chief Charles Drew | 1011 N. Howe St. | Southport, NC 28461  
or email to: [cdrew@cityofsouthport.com](mailto:cdrew@cityofsouthport.com) 910-477-2365