



GENEVA FIRE DEPARTMENT
CITIZEN FIRE ACADEMY
MICHAEL A. COMBS, FIRE CHIEF



APPLICATION

NAME: _____ DOB: _____

HOME ADDRESS: _____

CITY: _____ COUNTY: _____

HOME TELEPHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT CELL: _____

EMAIL: _____

HIGHEST LEVEL OF EDUCATION COMPLETED: _____

NYS DRIVERS LICENSE NUMBER: _____

PLEASE FURNISH COPY OF YOUR CURRENT DRIVERS LICENSE

1. Can you fulfill the commitment to attend all classes for the duration of the Citizen Fire Academy? (YES) (NO) *if no, please comment* _____

2. What motivates you to participate in this program? _____

3. What, if any, is the extent of your involvement in the community? (Clubs, Social Groups) _____

4. Is there a fire topic, of interest, that you would like included in the Citizen's Fire Academy? _____

5. Have you been arrested in any State? _____
6. Have you ever been convicted of a crime in any State? _____
If yes, when _____
7. What was the crime you were ultimately convicted of?

Please initial the following:

_____ I hereby voluntarily apply for the Spring 2019 Geneva Fire Department Citizen's Academy hosted by the Geneva Fire Department.

_____ Due to the nature of work and techniques or training shared, I understand that a background check will be conducted using any information that I have provided.

_____ I understand that a prior Felony Conviction will prohibit any participation in the Geneva Fire Department Citizen's Academy.

_____ I understand that all information revealed in this document will remain confidential.

_____ All information provided is accurate to the best of my knowledge and the Chief of the Fire Department or his designee will have final approval on all candidates.

_____ At the direction of the Chief of the Fire Department or his designee, a member of the Citizen's Fire Academy may be removed from the academy for any reason that the Chief of the Fire Department deems inflammatory or counterproductive to the mission of this training.

This training should not be construed as any certification, license or special status that would cause such trainee to utilize techniques, laws or powers that are explained in this academy.

Print: _____

Signed: _____ Date: _____

Complete applications can be dropped off in person to the Fire Chief's Office, mailed or emailed to the following address prior to: **Wednesday, April 10, 2019 at 3:30PM.**

Michael A. Combs
Fire Chief
City of Geneva
47 Castle St.
Geneva, NY 14456
mac@geneva.ny.us