

SMFD/IGHFD Citizens' Fire Academy



Contact Information

Name, Date of Birth	
Street Address	
City, State ZIP Code	
Driver's License/State ID #	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available ride-along experience?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interest

Tell us how you became interested in the Citizens' Fire Academy; how you heard about the program, what interests you the most, what you hope to learn and/or any previous experience in Public Safety:

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted to the program any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I consent to a background check as required by Fire Department Administration.

Name (printed)	
Signature	
Date	

Please complete & return to IGHFD, 8150 Barbara Ave, Inver Grove Heights, MN 55077