



MOBILE FIRE-RESCUE DEPARTMENT
CITIZENS FIRE ACADEMY
APPLICATION FOR ENROLLMENT

Please type or print all information.

First Name: _____ M.I. _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ E-Mail Address: _____

Place of Employment: _____

Position/Title: _____

Work Phone: _____

In Case of Emergency Contact Name: _____

Emergency Contact Phone: _____

Any Known Medical Conditions: _____

Medications Taking: _____

Any Known Allergies: _____

How did you hear about the Mobile Citizens Fire Academy? _____

In your own words, tell us why you want to attend the Citizens Fire Academy: _____

Shirt Size (circle one)
S M L XL XXL

Please Mail or Fax Your Completed Application To:
Mobile Citizens Fire Academy
Mobile Fire-Rescue Department Training Academy
860 Owens Street
Mobile, Alabama 36604
or fax to:
208-2861