



# Citizens Fire Academy

## Application for Enrollment

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

T-Shirt size \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver License Number \_\_\_\_\_ State issued \_\_\_\_\_

Occupation \_\_\_\_\_

Business Name \_\_\_\_\_

How did you hear about the Citizens Fire Academy?

\_\_\_\_\_  
\_\_\_\_\_

What is your purpose for attending?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical or legal limitations? \_\_\_\_\_  
If yes, please explain.

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Please list name, address, and phone number of two personal references.

1.

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2.

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Please return to: Union Colony Fire/Rescue Authority,  
919 7<sup>th</sup> St., Greeley, CO 80634  
Fax (970)350-9525