



# Wayne Fire Department



## Citizen Fire Academy

### APPLICATION

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

GROUP OR ORGANIZATION: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE WAYNE FIRE DEPARTMENT'S CITIZEN FIRE ACADEMY?

\_\_\_\_\_

WHAT IS YOUR PURPOSE FOR ATTENDING?

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

Please complete the following information for academy apparel & Turnout Gear Sizing

T-Shirt Size S M L XL XXL Chest\_\_\_\_ Waist\_\_\_\_ Pant Inseam\_\_\_\_ Height\_\_\_\_ Weight\_\_\_\_ Boot Size \_\_\_\_

I do hereby acknowledge and understand that in my participation in the City of Wayne Fire Department Citizen Fire Academy I may be using a self contained breathing apparatus (SCBA), Firefighter bunker gear and firefighting tools and equipment. I also acknowledge that with my participation I may be lifting or moving objects up to and possibly exceeding 100 lbs., Climbing ladders, as well as becoming exposed to heights, live fire, and elevated temperatures. **I understand that all activities in the citizen's fire academy are voluntary, and that I may choose not to participate in any activity in which I feel uncomfortable.** I also herby acknowledge that a doctor's physical is not required; however, if I have any injury or ailment that may preclude me from any of the activities in the CFA, i.e. respiratory ailments such as asthma or similar conditions, or previous back, neck or joint injuries I will consult my personal physician before my enrollment in the Wayne Fire Department Citizens Fire Academy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed application to the City of Wayne Fire Department 3300 S. Wayne Rd. Wayne Mi. 48184  
Any other questions call Deputy Chief/Fire Marshal Shawn Bell at 734-722-1111