



Request to Participate Form Kingsport Fire Department Citizen's Academy

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell: _____

Driver's License Number: _____

Health Insurance Company: _____

Policy Number: _____

Do you have any serious health concerns? Yes: ____ No: ____

If yes, please explain: _____

Reason for requesting to participate in the Citizen's Fire Academy: _____

Have you ever participated in the Citizen's Fire Academy? Yes: ____ No: ____

Golf Shirt Size: SM, MED, LG, XL, XXL (please circle)

I am willing to undergo a minimum background check in order to participate in this program.

Signature

Date

Due to the class size limitations and number of requests, all participant requests may not be granted. Due to the physical nature of some classes, some members may want to consult a physician before participating.

Completed forms can be mailed, faxed or returned to:
Kingsport Fire Department
130 Island St.
Kingsport, TN 37660
Fax: 423-224-2528