

2019 APPLICATION

City of Fountain Inn Fire Department

200 N. Main St

Fountain Inn, SC 29644

864-862-0010

Citizens Fire Academy

Name: _____
Last First Middle

Address: _____
Street/Apt City State Zip

Home/Cell/Other Phone: _____ Email: _____

Date of Birth: _____ Shirt Size: _____ Food allergies: _____

Driver's License Number: _____ State: _____ Currently Valid? Yes / No

Alias or Maiden name: _____ City of Fountain Inn Resident: Yes / No

Employer: _____ CPR Certified: Yes / No

Have you ever been convicted of a felony? Yes / No If yes, explain: _____

Are you a Fountain Inn Citizens Police Academy Alumni: Yes / No

Special Note: This academy involves physical hands-on training. Please choose if you wish to be a **classroom training/observer-only participate** or a **classroom training/hands-on participate**. Please circle one.

What are you expecting/hoping to get out of the Fountain Inn Citizens Fire Academy?

Applications & Release must be returned by noon, August 30, 2019 to: City of Fountain Inn Fire Department Attn: Russell Alexander 200 N. Main St, Fountain Inn, SC 29644 or emailed to russell.alexander@fountaininn.org .

RELEASE
COUNTY OF GREENVILLE / STATE OF SOUTH CAROLINA

I, _____, am applying to be a participant in the City of Fountain Inn Citizens Fire Academy (FICFA). I acknowledge that my participation will not only include classroom lectures but hands-on exercises as well. In consideration of my being permitted to attend the FICFA, I agree to assume all risks associated with my participation, and release and hold harmless the City of Fountain Inn, its officers, agents and employees from and against any and all claims, damages, liabilities, cost and expenses, including attorney's fee, arising out of my participation, including without limitation any personal or bodily injuries or property damage that I may incur as a result of the actions of myself or other persons.

I further agree to abide by all rules and instructions given by the City, its officers, agents or employees with respect to my participation and my failure to do so may result in my termination from FICFA. Furthermore, for the above described consideration, I further promise to bind myself, my heirs, administrators, and executors to repay to the City of Fountain Inn any sum of money that the City of Fountain Inn may be compelled to pay because of damages that result from my negligence, gross negligence, willful or wanton conduct, or failure to abide by all rules and instructions given by the City, its officers, agents or employees with respect to my participation.

- I understand the Fountain Inn Citizens Fire Academy will meet every Thursday night from 6:30 PM. until 9:30 PM for (7) weeks beginning on October 3, 2019 and concluding on November 14, 2019 with some Saturday sessions.
- I understand individuals selected to participate in the Academy are expected to attend all sessions and to participate in class activities.
- I understand I must be willing to commit to these attendance requirements for the entire duration of the program in order to successfully complete graduation requirements.
- I understand I may have no more than one (1) unexcused absence excluding the non-mandatory sessions during the term of the academy in order to be eligible for graduation.
- I understand that, should circumstances cause me to miss more than one (1) classes, I will be afforded the opportunity to make up missed classes in next year's Academy, after which I will be eligible for official graduation from that Academy class.
- I understand that I will be subject to a criminal background inquiry before being accepted into the program. Those having arrest and conviction histories that include a felony, a misdemeanor of violence or moral turpitude, etc. are not eligible to participate.
- I understand I do not have to be a City of Fountain Inn resident to participate but City of Fountain Inn residents will receive preference during the application selection process.
- I understand the Fire Chief reserves the right to exclude any applicant from consideration whose participation is deemed not to be in the best interests of the City of Fountain Inn Fire Department and/or the applicant.

- All Applications and this release need to be filled out and returned to The City of Fountain Inn Fire Department Attention: Russell Alexander, 200 N. Main St, Fountain Inn, SC or emailed to russell.alexander@fountaininn.org no later than Friday, Date TBD.

I HAVE READ AND UNDERSTAND THE CONDITIONS ASSOCIATED WITH THIS APPLICATION AND PARTICIPATION IN THE CITY OF FOUNTAIN INN FIRE DEPARTMENT'S CITIZENS FIRE ACADEMY.

The undersigned hereby warrants and represents that he/she is at least 18 years of age, of full legal capacity, and fully understands the foregoing terms.

IN WITNESS WHEREOF, I hereunto set my hand and seal this _____ day of _____ 2019.

I HAVE READ THE FOREGOING RELEASE AND ACCEPT THE TERMS HEREOF AS WITNESSED BY THE SIGNATURES HEREON.

NOTICE: READ ENTIRE APPLICATION BEFORE SIGNING

APPLICANT:

WITNESS:

Signature

Signature

Date

Date