



CITIZENS' FIRE ACADEMY

**APPLICATION
PACKET**



CITIZENS' FIRE ACADEMY

- WHAT** Citizens' Fire Academy is a free 10-week course that provides information and education to community members on the profession of a firefighter and the variety of services offered by the Forsyth County Fire Department. Space is limited.
- WHEN** Tuesday evenings beginning March 8, 2022, and continuing through May 17, 2022 (April 5 off for Spring Break).
- TIME** 6:30 to 9:30 p.m.
- WHERE** Forsyth County Fire Department Headquarters (3520 Settingdown Rd.)
- QUESTIONS** Contact Bridgette Butynski at (770) 205-5699
- TO REGISTER** Complete all forms within the participant application and return them by one of the methods listed below. If submitting via email or fax, retain original copies for submittal during the first session.

E-mail: BMButynski@forsythco.com

Fax: (678) 513-5950

Mail: Forsyth County Fire Department
ATTN: Bridgette Butynski
3520 Settingdown Road Cumming, GA 30028

REQUIREMENTS FOR PARTICIPATION:

- 25 years of age or older
- Resident of Forsyth County, Georgia
- No prior felony conviction
- Signed and notarized liability release
- Signed and notarized confidentiality agreement
- Signed criminal history form
- Acceptable background check

CITIZENS' FIRE ACADEMY APPLICATION – Page 1



APPLICANT INFORMATION

Last Name	First Name	Middle Name	Maiden Name (If applicable)

Date of Birth	Age	Social Security Number	Home Address

Primary Phone Number	Alternate Phone Number	Email Address

Occupation	Current Employer	Employer Address	Employer Phone #

EMERGENCY CONTACT – In case of an emergency, whom should we notify?

Name	Relationship	Address	Primary Phone	Alternate Phone

BACKGROUND INFORMATION

Other than misdemeanor traffic offenses, have you ever been convicted of a crime? YES NO

If yes, please explain _____

Do you have any pending criminal charges? YES NO

If yes, please explain _____

ACCOMMODATIONS

Do you have any special needs that require accommodation in order for you to participate in this program?

YES NO

If yes, please explain _____

CPR CERTIFICATION

Are you certified in CPR? YES NO

If no, are you interested in becoming certified in CPR? YES NO

SHIRT SIZE

What is your T-Shirt size? S M L XL XXL



CITIZENS' FIRE ACADEMY

APPLICATION
PAGE 2

Tell us why you are interested in attending the Citizens' Fire Academy.

Please list two references who are not family members.

Name _____ Primary Phone Number _____

Name _____ Primary Phone Number _____

MEDIA/PHOTO RELEASE AUTHORIZATION

By submitting this application, I understand and agree to the following conditions as a potential participant in the Citizens' Fire Academy:

1. Members of various news media outlets may be on site from time to time for the purpose of recording and reporting to the general public on the success of our program. This may include newspaper, radio, and television.
2. The Fire Department will be taking photographs during the program, which may be used on our official County website or other promotional outlets.
3. Forsyth County government has a Department of Communications. Employees of that department may attend the program or portions of the program to record activities on professional grade photographic and television recording equipment for future use by the county.

I hereby certify there are no willful falsifications, omissions, or misrepresentations in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the Forsyth County Fire Department Citizens' Fire Academy. I also grant permission for the Forsyth County Fire Department to verify the above information and to conduct a background check for prior criminal history.

Participant signature: _____ Date: _____

Notary Public: _____ Date: _____

My commission expires _____, _____.

SEAL



CITIZENS' FIRE ACADEMY

PARTICIPANT RELEASE OF LIABILITY

By signing this release I attest that I understand that as a Citizens' Fire Academy participant I may undertake physically demanding tasks including but not limited to lifting equipment, raising and climbing ladders, and handling charged hose lines. I also understand that I may be exposed to real firefighting conditions such as hot environments and smoke. By signing below I also attest that I am at least 18 years old, am in good physical condition, and do not have a prior felony conviction. I further attest that I am participating in the Citizens' Fire Academy under my own free will and that I freely assume the risks associated with the described activities. I understand that I will not be financially or otherwise compensated for my participation, am not considered an employee of the Forsyth County Fire Department and do not qualify for workers' compensation or other benefits for my participation.

I also understand that participants in the Citizens' Fire Academy are not allowed to cross fire lines during emergencies or other incidents. The use of any type emergency warning device on private vehicles by members of the Academy is strictly prohibited and prosecutable under Georgia law. Participation in the Academy is free and comes with no financial compensation.

I understand that, as a Citizens' Fire Academy participant, I am not required to complete any activity that makes me feel uncomfortable.

Understanding this, I hereby and forever release Forsyth County, Georgia and the Forsyth County Board of Commissioners, the Forsyth County Fire Department and all the directors, officers, members, employees, agents or officials ("Releasees") thereof from all actions or claims of any kind that relate to my participation in the activities described herein. I hold the Releasees harmless and indemnify them against all actions or claims (including reasonable attorneys' fees, judgments and costs) with respect to any injuries, death, or other damages or losses, resulting from my participation in the activities.

Participant signature: _____ Date: _____

Notary Public: _____ Date: _____

My commission expires _____, _____.

SEAL



CITIZENS' FIRE ACADEMY

PARTICIPANT CONFIDENTIALITY AGREEMENT

Given the nature of services provided by the Forsyth County Fire Department, it is imperative that the confidentiality of patient information that we receive in the course of our work is maintained. The Forsyth County Fire Department prohibits the release of any patient information to anyone outside the organization. I understand that the Forsyth County Fire Department provides services to patients that are private and confidential and that I must respect the privacy rights of the Forsyth County Fire Department's patients. I understand that it is necessary, in the rendering of emergency medical services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected by federal and state laws that prohibit its unauthorized use or disclosure except for treatment, payment and health care operations.

I agree that as a job shadow/ride-a-long participant (known as observer) I will comply with all confidentiality policies and procedures set in place by the Forsyth County Fire Department during my visit with the Forsyth County Fire Department. This includes the department's policy restricting the use of photographic or recording equipment at any incident scene.

If, at any time, I knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of the Forsyth County Fire Department immediately. In addition, I understand that breach of patient confidentiality may result in suspension or termination of my ability to participate in the Citizens' Fire Academy.

I have read and understand this notice and I agree to comply with all conditions herein.

Participant signature: _____ Date: _____

Notary Public: _____ Date: _____

My commission expires _____, _____.

SEAL

Criminal History Record Information Consent/Inquiry Form

I hereby authorize Forsyth County Fire Department/Fire Investigation Unit to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law. As an applicant, I will submit to a criminal history inquiry based on my fingerprints.

Full Name (print):			
Address:			
Sex	Race	Date of Birth	Social Security Number

I, _____, give consent to the above-named entity to perform a criminal history background check as part of the Citizens' Fire Academy selection process and, if selected for participation in the program, to perform periodic criminal history checks for the duration of my participation.

X

Signature

Date

DO NOT WRITE BELOW THIS LINE

OFFICIAL USE ONLY

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

<input type="checkbox"/>	E - Firefighter Employment (State & III Info Received)
<input checked="" type="checkbox"/>	C- Contractors, Interns and Citizen Fire Academy Applicants
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title



CITIZENS' FIRE ACADEMY

Return completed application, signed and notarized liability release,
and signed and notarized confidentiality agreement to:

**Forsyth County Fire Department
ATTN: Bridgette Butynski
3520 Settingdown Road
Cumming, GA 30028
Fax: (678) 513-5950
Email: BMButynski@forsythco.com**

**Please note: If submitting via fax or email,
retain original copies to turn in during the first session.**