



Hopkinsville Fire Department
Citizen's Fire Academy Application

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ Sex: (M/F) _____

Driver's License #: _____ State Issued: _____

Employer: _____ Occupation: _____

Work Phone: _____ Shirt Size: _____

Any known medical conditions (Vision, Hearing, Diabetes, Etc.):

Do you have any severe limitations that would hinder you from engaging in activities associated with the Citizen's Fire Academy? Yes ___ No ___ If yes, please explain: _____

Any known allergies: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Relationship: _____

Would you be interested in riding out with one of the fire companies in Hopkinsville to see for yourself what firefighters do every day? Yes _____ No _____

Would you be interested in an overnight stay at a local fire station? Yes _____ No _____

If the academy is full, would you like to be placed on a waiting list in case a spot opens and to avoid re-doing an application next year if a spot is not available this year? Yes _____ No _____

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

Please submit to: Hopkinsville Fire Department, Station One
116 W 1st St.
Hopkinsville, KY 42240

For more information, please contact:

Lieutenant Michael Pendleton

Phone Number: (270) 348-2082

Fax: (270) 890-1414

Email: mpendleton@hopkinsvilleky.us



**HOPKINSVILLE FIRE DEPARTMENT TRAINING ACADEMY
PARTICIPATION RELEASE**

The City of Hopkinsville (CITY), on condition of agreeing to the terms and conditions of the Participant Release set out below, agrees to permit you to participate on Wednesdays and Sundays for 4 weeks in the **Citizen's Fire Academy** during the month of October 2017.

PARTICIPANT RELEASE

I, _____, acknowledge that my participation in the **Citizen's Fire Academy** is voluntary. I further acknowledge that my participation in the **Citizen's Fire Academy** entails known and unanticipated risks that could result in physical or emotional injury to me or to third parties or damage to my property or that of the CITY or third parties.

I DO HEREBY KNOWINGLY ASSUME ALL RISKS, KNOWN AND UNANTICIPATED, ASSOCIATED WITH PARTICIPATION IN THE ACTIVITY, FULLY REALIZING THAT IN SO DOING I MAY EXPOSE MYSELF TO THE EXTRAORDINARY DANGERS AND HAZARDS WHICH MAY ARISE IN CONNECTION THEREWITH, AND DO HEREBY RELEASE AND FOREVER DISCHARGE THE CITY, A MUNICIPAL CORPORATION, ITS SUCCESSORS, ASSIGNS, OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, ACTIONS, AND CAUSES OF ACTIONS, WHATSOEVER, WHETHER SUCH ARE FOUNDED IN WHOLE OR IN PART UPON THE ALLEGED NEGLIGENCE OF THE CITY, ITS AGENTS OR EMPLOYEES, WHICH I, MY HEIRS, OR PERSONAL REPRESENTATIVES MAY EVER HAVE ARISING OUT OF, BY REASON OF, OR IN ANY MANNER HAVE GROWN OUT OF ANY INJURIES OR DAMAGES SUSTAINED BY ME BY REASON OF ANY ACCIDENT OR OTHER OCCURRENCE RESULTING FROM PARTICIPATION IN THE ACTIVITY.

In signing this release, I am relying wholly upon my own judgment, belief, and knowledge. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in the **Citizen's Fire Academy**, I may be found by a court of law to have waived my right to maintain a lawsuit against the CITY on the basis of any claim from which I have released the CITY herein. I have had sufficient opportunity to read this entire document. I read and understand it, and I agree to be bound by its terms.

Signature

Date

Telephone Number



Hopkinsville Fire Department Photograph & Video Release Form

I, _____, hereby grant the Hopkinsville Fire Department permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public setting.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material.

Signature

Date

Address

Telephone Number



Hopkinsville Fire Department Background Check Consent Form

I, _____, hereby authorize the Hopkinsville Fire Department to conduct a background check for the purpose of acceptance in the Citizen's Fire Academy. I authorize said personnel to receive a criminal history record information and/or driver's history pertaining to me with any state or local justice agency.

Print Full Name: _____

Maiden Name or Alias: _____

Address:

City: _____ State: _____ Zip Code: _____

Race: _____ Sex: _____ DOB: ___/___/___

Social Security Number: _____-_____-_____

Driver's License Number: _____ State issued: _____

Signature of Applicant: _____ Date: ___/___/___

