



2018 Knightdale Citizens Fire Academy Participant Application



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

Address: _____ Email: _____

City, State and Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ T-Shirt Size: _____

Driver's License Number: _____ State Issued: _____

Occupation: _____ Employer: _____

What interest do you have in the fire service?: _____

What expectations do you have of the citizens fire academy?: _____

If the academy is full, may we place your name on a waiting list?: _____ Yes _____ No

All applicants must be at least eighteen years old. All of the information included on this application must be true and accurate. The Town of Knightdale Fire Department reserves the right to reject or accept any application for its Citizens Fire Academy.

Signature: _____ Date: _____

This application form should be completed and returned with the emergency information form.



Fill Out the Application and Return to:

Email: FirePrevention@knightdalenc.gov

Mail: 967 Steele Square Court Knightdale, North Carolina 27545