Submit by Email

Print Form

Name: _____ Date: _____

Date of Birth: _____ Address: _____

Phone: (Home) _____ City: _____

(Work) _____ Zip Code: _____

E-mail: _____

Physical condition: ○ Excellent ○ Good ○ Fair ○ Poor

Physical disabilities requiring special accommodations:

_____

Are you a city resident? ○ Yes ○ No

Are you a city employee? ○ Yes ○ No

If yes, which department? _____

Do you own property or a business within the city limits? ○ Yes ○ No

If yes, what is the location/name of the business? _____

Is your company involved with the Oak Forest Fire Department? ○ Yes ○ No

If yes, please explain: _____

Why do you wish to attend the Citizen's Fire Academy?

_____

How did you hear about the Oak Forest Citizen's Academy?

_____

Have you ever been arested or convicted of a crime? ○ Yes ○ No

If yes, please explain: _____

Please give the names and addresses of two character references:

Name: _____ Address: _____

Name: _____ Address: _____

T-shirt size: ○ S ○ M ○ L ○ XL ○ XXL ○ XXXL

For further information, contact the Oak Forest Fire Department at (708) 687-6050.