

Fairfax County Fire and Rescue Department
**COMMUNITY FIRE & RESCUE ACADEMY
APPLICATION**

Emergency information sheet and release form must accompany application

Last Name First Name M.I.

Address

Birth Date Telephone Number

Driver's License No. E-mail

Occupation Employer

Are you currently a member of a fire department? N Y Where?

Why do you want to attend the Community Fire and Rescue Academy CFRA?

If the Academy is full, would you like to be placed on a waiting list? Y N

How did you hear about the (CFRA)?

Shirt size:

All applicants must be 18 years of age or older, and reside within Fairfax County. All of the information on this application must be true and accurate. The Fairfax County Fire and Rescue Department reserves the right to reject or accept any applicant for the CFRA.

Signature _____ Date _____

This application form should be completed and returned, along with the emergency information form and legal release forms to the Fairfax County Fire and Rescue Department. If you have any questions, please call Willie Bailey at (571) 641-0036 between the hours of 8 a.m. and 3 p.m.

Deadline to submit application: Monday, March 4, 2024

Class begins: March 21, 2024

Emergency Information Sheet

Name:

Address:

City:

Zip Code:

Date of Birth:

In case of emergency, whom shall we contact?

Name/Relationship Phone Number:

- 1.
- 2.
- 3.

Medical Conditions:

- Cardiac/Heart
- Breathing/Respiratory
- Stroke
- Diabetes
- Vision/Hearing
- Other

Do you have any known allergies? N Y What?

Note: Certain activities throughout the CFRA may involve a moderate degree of physical exertion. It is recommended that participants with any of the above mentioned conditions check with their physician prior to participating in the academy. Participation in any portion of the program is purely voluntary and shall not be considered a requisite for acceptance.

Signature: _____ Date: _____

**FAIRFAX COUNTY FIRE & RESCUE DEPARTMENT TRAINING ACADEMY
PARTICIPATION RELEASE**

The County or Fairfax on condition of agreeing to the terms and conditions of the Participant Release set out below agrees to permit you to participate in the **Community Fire & Rescue Academy** from **3/21/2024 thru 5/09/2024**, at Fairfax County Fire Department Training Facilities.

PARTICIPANT RELEASE

I, _____, acknowledge that my participation in the **Community Fire & Rescue Academy** is voluntary. I further acknowledge that my participation in the **Community Fire & Rescue 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 FAIRFAX COUNTY 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 FAIRFAX COUNTY, ITS OFFICERS, AGENTS, VOLUNTEERS, 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 FAIRFAX COUNTY, ITS OFFICERS, AGENTS, VOLUNTEERS 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 **Community Fire & Rescue Academy**, I may be found by a court of law to have waived my right to maintain a lawsuit against the COUNTY on the basis of any claim from which I have released the COUNTY herein. I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

Signature

Date

Address

Telephone Number

Background Check Consent form

I hereby authorize the Fairfax County Fire and Rescue Department to conduct a limited background investigation, for the purpose of acceptance in the Community Fire & Rescue Academy. I authorize said personnel to receive any 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:

Race:

Sex:

DOB:

SSN: - -

License No:

State:

Signature of Applicant: _____ Date: / /

(Revised 8/21/17)