



MOBILE FIRE-RESCUE DEPARTMENT  
CITIZENS FIRE ACADEMY  
APPLICATION FOR ENROLLMENT

Please type or print all information.

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_

In Case of Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Any known medical conditions: \_\_\_\_\_

Medications taking: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

How did you hear about the Mobile Citizens Fire Academy? \_\_\_\_\_

\_\_\_\_\_

In your own words, tell us why you want to attend the Citizens Fire Academy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shirt Size (circle one)

S M L XL XXL

**Please Mail Your Completed Application To:**  
Mobile Citizens Fire Academy  
Mobile Fire-Rescue Department Training Academy  
860 Owens Street  
Mobile, Alabama 36604