



Citizens Fire Academy Application



Applicant Information:

Name: _____

Date of Application: _____

Home Address: _____

Phone: _____

E-mail: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Employer: _____

Business Phone: _____

Title/ Position: _____

Nature of the business: _____

How did you hear about the program:

Friend

District Website

Employer

District social media

Other: _____

Civic activity:

Citizens Fire Academy Application (Continued)

What do you hope to gain from this program:

Information about the program:

- The Citizens Fire Academy is an 8-week program designed to immerse the participant in fire service knowledge. These classes will last approximately 2-3 hours based on the topic and activities. This is in no way a fire service certification program and doesn't meet any National, State, or Local requirements to become a Firefighter.
- Each Academy is redesigned based on materials, locations, and services available to deliver to the Academy. Though there have been previous Academy alumni, each will hopefully express a different experience.
- The demands of the Academy are a mixture of classroom and activity based. Each time the participant has the option to be excluded from any activity they feel they can't complete or desire not to participate with.
- The desire is for each participant to attend most classes. Notification of absence is required prior to the date of the class. This ensures we account for correct staffing and resources to host events.
- Participants are asked to adhere to the Ozark Fire Protection District Mission statement. "We are a strong team with the duty to aggressively serve our community with integrity and excellence."
- Each member is asked to participate in future alumni events that support the Ozark Fire Protection District and future Citizens Fire Academies.
- Applicants must live or work within the Ozark Fire Protection District boundaries.

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Application
(Continued)
Participant Commitment:**

By your signature below, I agree that should I be selected to participate in Ozark Fire Protection District Citizens Fire Academy, I will attend most delivery days and be present for graduation. I understand that a lack of attendance at most of the deliveries may lead to my dismissal from the Academy. I also give permission to be photographed/ filmed while participating in the Academy and allow the use of these photographs/ videos for educational promotional purposes by the Ozark Fire Protection District.

I certify that the information in this application is accurate to the best of my knowledge. I hereby give the Ozark Fire Protection District permission to share information contained in this application with the selected members of the organization.

Name (Print): _____

Date: _____

Signature: _____

Submission of Application:

- 1) Submit the completed application through the district website.
- 2) Submit the application by E-mail at info@ozarkfire.org
- 3) Submit by mailing or hand delivery:
*Ozark Fire Protection District HQ
Station #1
604 N. 3rd St.
Ozark, MO. 65721*

Citizens Fire Academy Application (Continued)

1. By signing this Waiver and Release of Liability (Agreement), I waive and release Ozark Fire Protection District, its agents, servants, employees, insurers, successors and assigns from any and all claims, demands, causes of action, damages or suits at law and equity of any kind, including but not limited to claims for personal injury, property damage, medical expenses, loss of services, on account of or in any way related to or growing out of my presence or involvement at the facility.

This waiver and release is intended to and does release Ozark Fire Protection District from any and all liability for damages or injuries on The District's negligence. This is not intended to release The District from any liability resulting from their intentional conduct.

I further covenant and agree not to institute any claims or legal action against The District for any claim released by this Agreement. I further agree that should any claim be made against The District in contravention of this Agreement, including but not limited to derivative claims, I will protect, defend and completely indemnify (reimburse) The District for any such claim and expenses including attorney's fees and costs incurred by The District in defending themselves or security indemnity hereunder.

2. I understand that The District is not responsible for any lost, stolen, or damaged valuables or property.

3. I acknowledge that I have received and read a copy of the current rules and regulations governing the use of the facility. I agree that I will fully comply with all rules and regulations and with any amendments.

I have read the Agreement and understand that by signing the Agreement I have consented to be bound by its terms, including the waiver/release of any legal right I may have to sue The District for any costs they incur because a claim or legal action is brought in violation of this Agreement. I agree any violation of the Agreement and its terms and conditions, as determined by The District, will void and terminate this Agreement and may result in loss of the ability to use the facility.

I am signing this Agreement freely, voluntarily, and competently and am at least eighteen (18) years of age.

Name (please print): _____

Signature: _____ Date: _____