



STAFFORD FIRE DEPARTMENT

ISO Class 1

2702 MAIN STREET ~ STAFFORD, TX 77477
OFFICE (281) 403-5957 ~ FACSIMILE (281) 208-6964
WWW.STAFFORDFIRERESCUE.ORG

WHAT - Citizens' Fire Academy, a 10-week course designed to provide basic information regarding the duties of a professional firefighter, how fire departments operate, and how the men and women of the City of Stafford Fire Department serve our community. Persons accepted to the Citizens' Fire Academy will receive general instruction on such topics as the characteristics of a fire, the factors that determine how a fire will be extinguished, fire apparatus, building materials, and how emergency medical services are provided.

WHEN – 6:30pm to 9:30pm on Tuesday evenings beginning October 4, 2016 and continuing through December 7, 2016 with final activities on Saturday, December 10, 2016.

WHERE - 2702 South Main; Stafford Police Department training room

TO REGISTER

Complete the participant application, a signed and notarized liability release, and a signed and notarized confidentiality agreement and return them to:

Mail: 2702 South Main Stafford, Texas 77477 ATTN: Asst. Fire Chief Efrem Burns or via e-mail: Eburns@staffordtx.gov

Requirements:

25 years of age or older

City of Stafford resident or reside in Stafford Fire Department response area

No prior felony conviction

Signed and notarized liability release

Signed and notarized confidentiality agreement

Acceptable background check

CITIZENS' FIRE ACADEMY
Application Page 1

Date _____ E-mail _____

Last name _____ First name _____

Middle name _____

Maiden _____ Date of birth _____

Age _____ S.S. # _____

Address _____

Zip code _____ Home phone _____

Employer _____

Employer address _____

Zip code _____ Employer phone _____

Occupation _____

In case of emergency, whom should we notify?

Name _____ Home phone _____

Relationship _____ Cell phone _____

Address _____

Have you ever been convicted of a crime other than a traffic ticket? Yes No

If yes, please explain:

(Note: Persons with a prior felony conviction are not eligible to participate in the Academy)

Do you have a valid driver's license? Yes No

If yes, license # _____

CITIZENS' FIRE ACADEMY

Application Page 2

Do you have any special needs that would require accommodation in order for you to participate in this program? Yes / No

If yes, please explain _____

What is your T-shirt size: S M L XL XXL

Are you certified in CPR? Yes No

Would you desire to become certified in CPR: Yes No

Tell us why you are interested in attending the Citizens' Fire Academy.

Please list two references who are not family members:

Name _____ Home phone _____

Name _____ Home phone _____

Media/photo release authorization

By submitting this application, I understand and agree to the following conditions as a potential participant in the Citizens' Fire Academy:

1. Members of various news media outlets may be on site from time to time for the purpose of recording and reporting to the general public on the program. This may include newspaper, radio, and television.

2. The Fire Department will be taking photographs during the program, which may be used on our official City website or other promotional outlets.

3. The City of Stafford has a Department of Communications. Employees of that department may attend the program or portions of the program to record activities on professional grade photographic and television recording equipment for future use by the City.

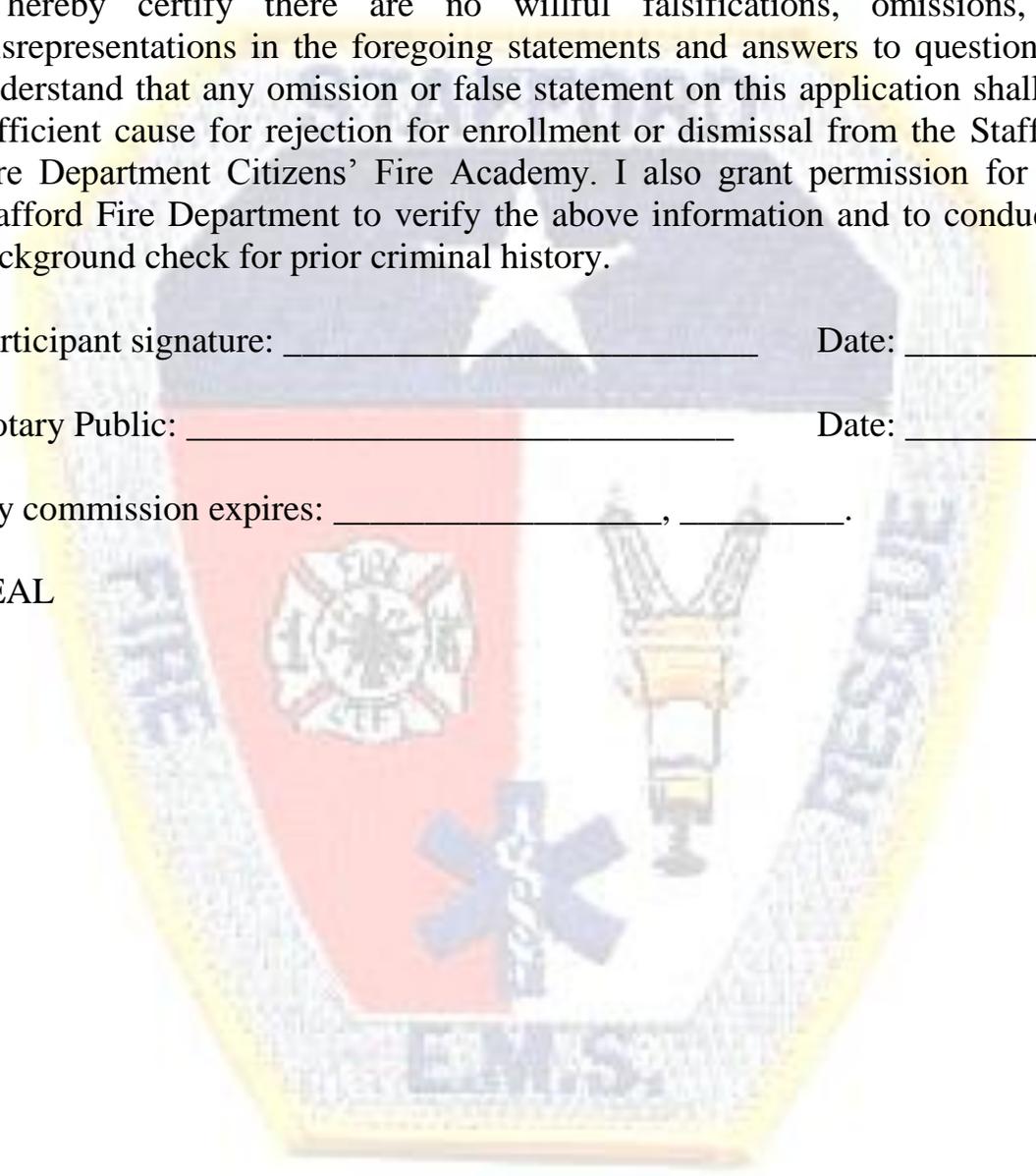
I hereby certify there are no willful falsifications, omissions, or misrepresentations in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the Stafford Fire Department Citizens' Fire Academy. I also grant permission for the Stafford Fire Department to verify the above information and to conduct a background check for prior criminal history.

Participant signature: _____ Date: _____

Notary Public: _____ Date: _____

My commission expires: _____, _____.

SEAL



CITIZENS' FIRE ACADEMY
PARTICIPANT RELEASE OF LIABILITY FORM

By signing this release I attest that I understand that as a Citizens' Fire Academy participant I may undertake physically demanding tasks including but not limited to lifting equipment, raising and climbing ladders, and handling charged hose lines. I also understand that I may be exposed to real firefighting conditions such as hot environments and smoke. By signing below I also attest that I am at least 25 years old, am in good physical condition, and do not have a prior felony conviction. I further attest that I am participating in the Citizens' Fire Academy under my own free will and that I freely assume the risks associated with the Citizens' Fire Academy activities. I understand that I will not be financially or otherwise compensated for my participation, am not considered an employee of the City of Stafford Fire Department and do not qualify for workers' compensation or other benefits for my participation.

I also understand that participants in the Citizens' Fire Academy are not allowed to cross fire lines during emergencies or other incidents. The use of any type emergency warning device on private vehicles by participants of the Academy is strictly prohibited and prosecutable under Texas law. Participation in the Academy is free.

I understand that, as a Citizens' Fire Academy participant, I am not required to take part in any activity that makes me feel uncomfortable or in which I choose not to participate.

Understanding this, I hereby and forever release, relinquish and discharge the City of Stafford, its officers, agents, and employees from all claims, demands, and causes of action of every kind and character, for any injury to or death as may befall me or any other person, and any loss of or damage to any property, including any property owned by me, that is caused by, that arises out of, or that is in connection with my participation in the activities described herein.

I shall indemnify, hold harmless, and defend the City of Stafford, its officers, agents, and employees from and against any and all claims, losses, damages, causes of action, suits, and liability of any kind,

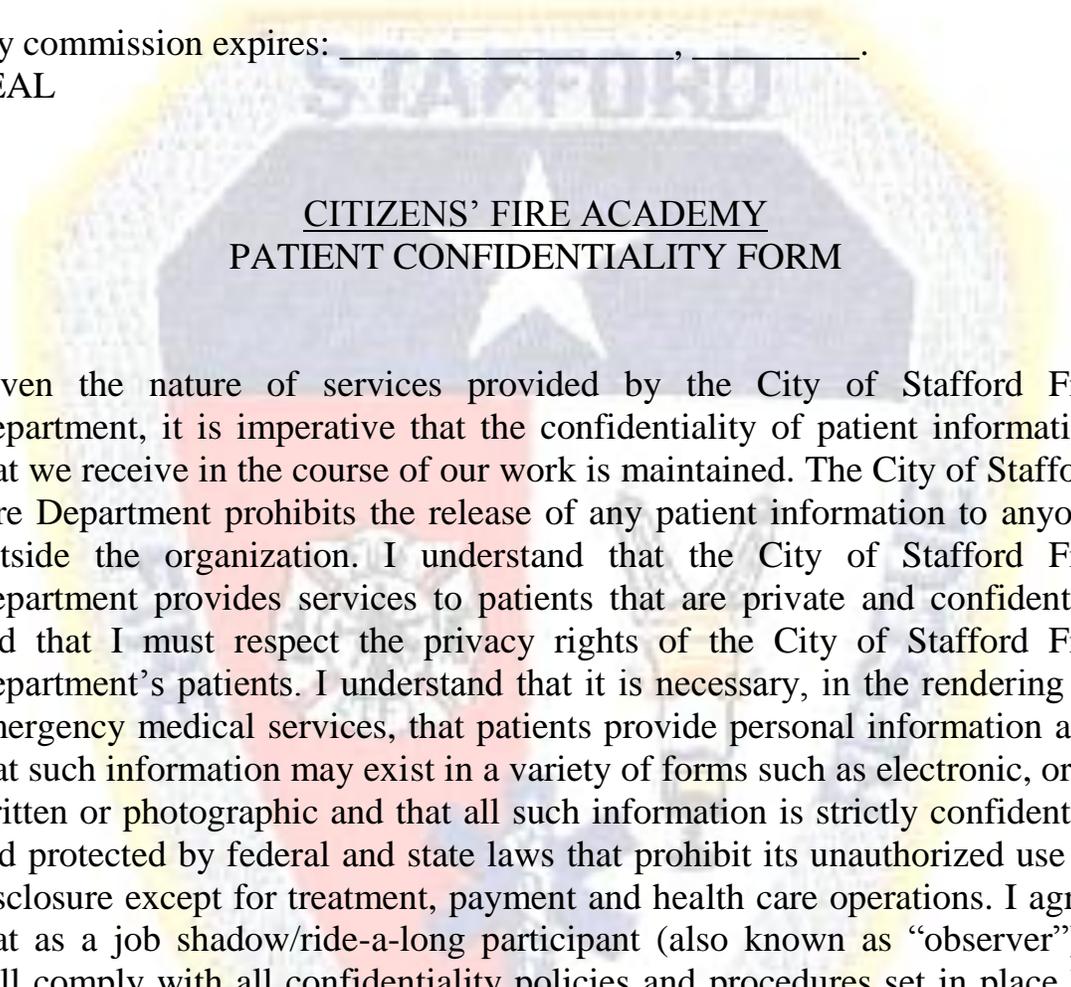
including expenses of litigation, court costs, and attorney's fees, for injury to and death of any person or for damage to any property arising out of or in connection with my participation in the Citizens' Fire Academy.

Participant signature: _____ Date: _____

Notary Public: _____ Date: _____

My commission expires: _____, _____.

SEAL



CITIZENS' FIRE ACADEMY
PATIENT CONFIDENTIALITY FORM

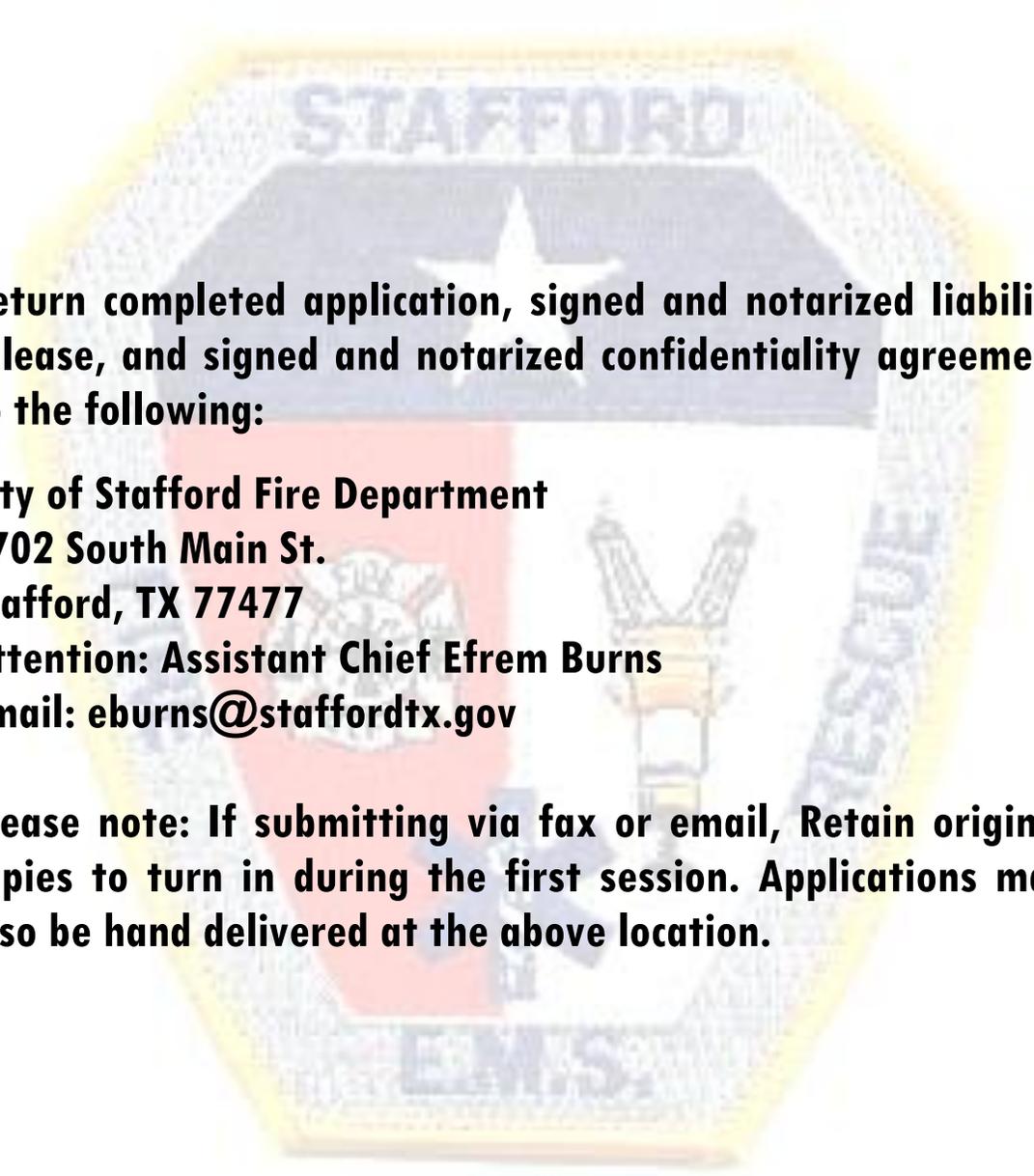
Given the nature of services provided by the City of Stafford Fire Department, it is imperative that the confidentiality of patient information that we receive in the course of our work is maintained. The City of Stafford Fire Department prohibits the release of any patient information to anyone outside the organization. I understand that the City of Stafford Fire Department provides services to patients that are private and confidential and that I must respect the privacy rights of the City of Stafford Fire Department's patients. I understand that it is necessary, in the rendering of emergency medical services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected by federal and state laws that prohibit its unauthorized use or disclosure except for treatment, payment and health care operations. I agree that as a job shadow/ride-a-long participant (also known as "observer") I will comply with all confidentiality policies and procedures set in place by the City of Stafford Fire Department during my participation in the Citizens' Fire Academy or my visit to the City of Stafford Fire Department. This includes the department's policy restricting the use of photographic or recording equipment at any incident scene. If, at any time, I knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Commanding officer of the Stafford Fire Department immediately. In addition, I understand that breach of patient confidentiality will result in my immediate dismissal from the Citizens' Fire Academy. I have read and understand this notice and I agree to comply with all conditions herein.

Participant signature: _____ Date: _____

Notary Public: _____ Date: _____

My commission expires: _____, _____.

SEAL



Return completed application, signed and notarized liability release, and signed and notarized confidentiality agreement to the following:

City of Stafford Fire Department

2702 South Main St.

Stafford, TX 77477

Attention: Assistant Chief Efrem Burns

Email: eburns@staffordtx.gov

Please note: If submitting via fax or email, Retain original copies to turn in during the first session. Applications may also be hand delivered at the above location.