



Suffolk Fire & Rescue

3rd Annual Citizens' Fire & Rescue Academy

May 4, 2020 – June 10, 2020



Please complete the following application and waiver:

Name: _____

Address: _____

Telephone: Home: _____

Cell: _____

Academy sessions will provide an overview of:

- | | |
|-----------------------------|----------------------------|
| Fire Administration | Emergency Medical Services |
| Support Services Division | Technical Rescue |
| Technical Services Division | Search and Rescue |
| Operations Division | Fire Prevention |
| Fire Suppression | Emergency Management |

- **Sessions begin May 4, 2020 and run through June 10, 2020 on Mondays and Wednesdays except on weeks including a Holiday.** Class sessions will be held May 4, 6, 11, 13, 18, 20, 27 and June 1, 3 plus a Graduation Ceremony on June 10, 2020. Classes are from 6:00 p.m. to 8:00 p.m. at Fire Station #6 at 300 Kings Fork Road, Suffolk, VA 23434. Sessions will involve classroom and practical lessons.

- An optional **Saturday** session for Heart Saver CPR Certification will be offered. **No cost to the student.** Individual students may opt out if they wish. This optional class will be held on June 6 at Fire Station #6 at 300 Kings Fork Road, Suffolk, VA 23434.

Please check one box below to indicate that you wish to attend or opt out of this free CPR class.

- I wish to attend**

 I do NOT wish to attend

- Academy will conclude with a Graduation Ceremony.
- The Suffolk Department of Fire & Rescue will be conducting a background investigation on each applicant.
- Applicants selected to attend Academy will be notified no later than April 17th, 2020.



Suffolk Fire & Rescue
3rd Annual Citizens' Fire & Rescue Academy
Waiver and Emergency Information



APPLICANT'S NAME: _____

DATE OF BIRTH: _____ SEX: _____

ADDRESS: _____ CITY: _____

ZIP: _____ HOME PHONE: _____

CELL PHONE: _____

In case of any emergency, please list two people that we may contact.

NAME:

PHONE: _____

NAME:

PHONE:

The local hospitals require the following information to treat you in case of an emergency:

INSURANCE CO: _____ POLICY #: _____

NAME OF INSURED: _____

NAME OF PERSONAL PHYSICIAN: _____

PHONE: _____ ANY ALLERGIES? IF YES, PLEASE

LIST: _____ ANY RECENT ILLNESSES?

PLEASE EXPLAIN: _____

CURRENT MEDICATIONS: _____

This constitutes the application and waiver for the above named individual to participate in the program sponsored by Suffolk Fire & Rescue. I understand and acknowledge that this program may involve risk of injury to participants, including injury from bodily contact with other participants and/or other risks inherent in the activity. The undersigned further agrees that the City will not be held responsible for any such injuries, not involving fault or negligence of the City. If immediate contact cannot be made for any emergency medical care, I authorize and consent to such emergency medical care and treatment prescribed by a fire medic or duly licensed physician as the physician deems advisable, and the undersigned will be responsible for any such medical care or treatment rendered.

I hereby state that the information on this application/waiver is true and correct.

DATE: _____ (Applicant Signature)_____

Deadline to submit your completed application and waiver form is March 13th, 2020.

Please send your application and waiver to:

- Suffolk Fire & Rescue
Attn: Captain L.A. Ratliff
300 Kings Fork Road
Suffolk, VA 23434

Applications may also be submitted via email to:

- Captain L.A. Ratliff
lratliff@suffolkva.us
- EMS Training Officer Kim Barrett
kbarrett@suffolkva.us

If you have any questions, please call Captain Ratliff or EMS Officer Barrett with the Fire Training Bureau at 757-514-4546.