



Sioux City Fire Rescue
Citizen's Fire Academy
601 Douglas Street
Sioux City, IA 51101
Phone: 712-279-6377
Fax: 712-279-6106



Application for Enrollment

Date _____ Email Address: _____

Name _____
Last First Middle

Maiden Name _____ Date of Birth _____ Age _____

Address _____ Zip Code _____

Phone (Home) _____ Cell _____ Work _____

Employer _____ Phone _____

Employer Address _____

Occupation _____

In case of emergency, whom should we notify?

Name _____ Address _____

Home Phone _____ Cell Phone _____

Relationship _____

Do you have a valid driver's license? (circle one) YES NO

If yes, Drivers License # _____

Do you have any special needs that would require accommodation in order for you to participate in this program? (circle one) YES NO

If yes, explain: _____

Please list any community activities (Organizations, sports, associations, etc.)

Are you fluent in a language other than English? (circle one) YES NO

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

Please list two references that are not family members:

Name _____ Home Phone _____

Name _____ Home Phone _____

What is your golf shirt size? (circle one) M L XL 2XL

You must be 21 years old and be a resident of Sioux City to participate, have little or no history of criminal behavior; and pass a criminal background check.

Class size is limited to 12 participants

Signature _____ Date _____

Please mail your completed application to:

**Sioux City Fire Rescue
Attn: Citizens Fire Academy
601 Douglas Street
Sioux City, IA 51101
Phone: 712-279-6377
Fax: 712-279-6106
jrodriguez@sioux-city.org**

**RELEASE GIVEN TO RIDE IN FIRE DEPARTMENT APPARATUS AND PARTICIPATE IN
FIRE DEPARTMENT CITIZEN ACADEMY**

Release executed this _____ day of _____, 20____, by
_____ of _____ herein
[Name] *[Address]*

referred to as Releasor:

WHEREAS, Releasor desires to ride in a Sioux City Fire Apparatus; and,

WHEREAS, Releasor hereby acknowledges that he / she must wear a seat belt when fire apparatus is in motion and wear hearing protection while en-route to an emergency incident.

NOW, THEREFORE, IT IS AGREED AS FOLLOWS:

In consideration of being permitted to ride in a Sioux City Fire Apparatus while on duty, Releasor, for himself or herself, his or her spouse and children, legal representatives, heirs and assigns, hereby releases, waives, and discharges the City of Sioux City, Iowa, its elected officials, officers and employees and each of them, referred to as Releasees, from all liabilities to the Releasor, his or her spouse and children, legal representatives, heirs and assigns for any and all loss or damage, and any claim or damages resulting therefrom, on account of injury to Releasor's person or property, even injury resulting in death of the Releasor, whether caused by the negligence or Releasees or otherwise while riding in a Sioux City Fire Apparatus or for any purpose while associating with the Sioux City Fire Department in this activity. Participant will not be allowed to go on Hazardous Material incident with the department hazardous material team.

Releasor agrees to indemnify the Releasees and each of them from any loss, liability, damage, or cost they may incur due to the activity contemplated herein whether caused by the negligence of the Releasees or otherwise. Releasor further agrees to hold harmless Releasee from any subrogation claims, which may arise out of the activity contemplated herein.

Releasor hereby assumes full responsibility for the risk of bodily injury, biohazards, death, or property damage due to the negligence of Releasees or otherwise while in or upon the Sioux City Fire Apparatus or nearby while actually participating in this activity.

Releasor expressly agrees that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Iowa, and that if any portion thereof is held invalid, it is agreed that the balance shall; notwithstanding, continue in full legal force and effect.

IN WITNESS WHEREOF, Releasor has executed this Release at Sioux City, Iowa, on the day and first year above-written.

Releasor is: Fire Academy Participant

[Witness Signature] *[Releasor Signature]* *[Date]*

[Assigned Officer] *[Releasor's Social Security Number]* *[Releasor's DOB]*

[Releasor's Phone Number] LOCALS _____
NCIC _____
By _____