



Please fill out the form below and return the completed form to:
Pembroke Pines Fire/Rescue Department
Building B
9500 Pines Boulevard
Pembroke Pines, FL 33024
(954) 435-6700

CITIZEN'S FIRE ACADEMY APPLICATION

Name: D.O.B:

Address:

State: Zip: S.S.#:

F.L. D.L.#: Phone #:

Employer: Occupation:

Employer Address:

Emergency Contact:

Do you have any previous Firefighter/Paramedic experience?

Have you ever been arrested? If yes, please explain:

Have you ever attended a citizen's fire academy for another city? Yes No

Please list any medical or emotional condition e.g. heart conditions, pregnancy, high blood pressure, nervousness etc., that may prevent you from participating in potentially stressful activities and presentations.

Please explain briefly why you desire to attend the Pembroke Pines Fire/Rescue Department Citizen's Fire Academy.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I hereby authorize the Pembroke Pines Fire Department to conduct a background investigation including a check for criminal history. **Photo I.D. must be presented with this application.** You may mail the forms to: Pembroke Pines Fire Rescue Department, 9500 Pines Boulevard; Building B; Pembroke Pines, FL 33024; or you may return forms to the administration's office Monday through Friday, 8:00 A.M. to 5:00 P.M., at the same address (located on 2nd floor; 435-6700) no later than on week prior to commencement of academy.

Signature: Date: