

Firefighter Academy Application Page 2 of 2

Lodging

Student is solely responsible for securing lodging and shall be accomplished before the start of the Academy.

Signature

I certify that the answers herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for the Cape Fear Community College Firefighter Academy as may be necessary in arriving at an acceptance to the Academy. I understand that false or misleading information given in my application or interview(s) may result in discharge from the Academy. I also understand that I am required to abide by all policies and procedures of Cape Fear Community College and the Safety Training Center. Entrance to the Firefighter Academy will be contingent upon satisfactory completion of all required forms. I give my permission for review of these forms by the Director of Fire & Rescue Programs and appropriate staff, as necessary. I also authorize the use of any photos or other media that may be taken during the Academy for the use of CFCC in its advertising.

Printed Full Name

Signed Full Name

Date

Office Use Only

DATE RECEIVED

STUDENT ID NUMBER

ACADEMY ATTENDING

**PLEASE BE CERTAIN ALL INFORMATION IS INCLUDED AND RETURNED WITH PACKET.
INCOMPLETE PACKETS WILL NOT BE APPROVED FOR ADMISSION.**



Fire & Rescue Programs
4500 Blue Clay Road
Castle Hayne, NC 28429
910-362-7642 or 910-362-7711