Cape Fear Community College Firefighter Academy Sponsor Form

Applicant Information					
LAST NAME	FIRST NAME		MIDDLE NAME		
MAILING ADDRESS	•				
CITY			STATE	ZIP	
Sponsor Information					
SPONSORING FIRE DEPARTMENT			PHONE	PHONE	
MAILING ADDRESS					
CITY			STATE	ZIP	
CHIEF (PLEASE PRINT)	PHONE	SECONDARY CONTACT (PLEAS	SECONDARY CONTACT (PLEASE PRINT) PI		
	dorse/sponsor the above-named	• •	•		
	ship of this individual means that	•	•		
	e for the individual listed above. <i>A</i> I at any time during the academy	•			
	gram. Consequently, I realize tha				
	e program for such. Furthermore				
	academy by notifying the Director	or of Fire & Rescue Progra	ms at Cape Fear C	community College.	
CHIEF'S SIGNATURE			DATE		
APPLICANT SIGNATURE			DATE		
Workers Compensation Inf	ormation				
INSURANCE COMPANY NAME POLICY NUMBER			₹		
Office Use Only					
DATE RECEIVED STUDENT ID NUMBER AC			ACADEMY ATTENDING		

