

514 East Fourth Street
Marshfield, WI 54449
PHONE (715) 486-2094
FAX (715) 384-8868



MARSHFIELD

The City in the Center

Robert Haight III
Fire Chief

FIRE & RESCUE DEPARTMENT

CITIZEN'S FIRE ACADEMY APPLICATION FORM

Date: _____ Name: _____

Street Address, City, Zip Code: _____

Home Phone: _____ Work Phone/Cell Phone: _____

Date of Birth: _____ E-mail _____

Occupation: _____ Employer: _____

Driver's License #: _____

How long a resident of the City of Marshfield? _____ or How long a resident of the Marshfield Area? _____

Hobbies or Special Interests:

Have you ever been arrested for, convicted of or cited for an offense other than a traffic citation? Yes ___ No ___
If yes, please explain:

Why would you like to attend the Citizen's Fire Academy?

Please provide the names and phone numbers of (3) references:

Can you commit to attending most of the classes? Yes ___ No ___

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand any omissions or false statements on the application shall be sufficient cause for rejection for enrollment or dismissal from the Marshfield Fire & Rescue Department Citizen Fire Academy.

I further understand the Marshfield Fire & Rescue Department will be conducting a background review that may include, but not limited to any criminal history.

Signature

Date

Please mail or fax this application to:

Marshfield Fire & Rescue Department
Attn: Citizen's Fire Academy
514 E. 4th Street
Marshfield, WI 54449
Fax: (715) 384-8868 or
everett.mueller@ci.marshfield.wi.us

MARSHFIELD FIRE & RESCUE DEPARTMENT

CITIZENS' FIRE ACADEMY

Emergency Information Sheet

Name: _____

Address: _____

Phone #: _____ E-mail: _____

Are you over 18 years old? Yes No

In case of emergency, whom shall we contact?

Name/Relationship	Phone Number
1. _____	_____
2. _____	_____
3. _____	_____

Medical Conditions:

Cardiac/Heart

Breathing/Respiratory

Stroke

Diabetes

Vision/Hearing

Other: _____

Do you have any known allergies? Y N Explain _____

Note: Certain activities throughout the Citizen's Fire Academy may involve a moderate degree of physical exertion. It is recommended that participants with any of the above mentioned conditions check with their physician prior to participating in the academy. Participation in any portion of the program is purely voluntary and shall not be considered a requisite for acceptance.

MARSHFIELD FIRE & RESCUE DEPARTMENT

Release and Covenant Not To Take Legal Action

In exchange for the opportunity to observe and participate in the authorized operations of the Marshfield Fire & Rescue Department, which activity may place me in a position of danger, the undersigned agrees to:

1. Release and waive any and all claims, causes of action or other means of legal recourse that the undersigned may have against the City of Marshfield and the Marshfield Fire & Rescue Department agents and employees that may arise from or be caused by my participation in the authorized operations of the department;
2. Indemnify, hold harmless and defend the City of Marshfield/Marshfield Fire & Rescue Department and its officials, agents and employees for any and all claims, causes of action or other means of legal recourse that may arise from or be caused by my participation in the authorized operations;
3. Covenant not to sue the City of Marshfield/Marshfield Fire & Rescue Department and its official agents and employees for damages that may arise from or be caused by my participation in the authorized operations.

By signing this document, the undersigned acknowledges that he or she is not and will not be acting as an employee or agent of the City of Marshfield/Marshfield Fire & Rescue Department and is specifically waiving, in addition to the waiver set forth above, any right to Worker's Compensation benefits. The undersigned further acknowledges that the release, waiver, hold harmless, and covenant not to sue shall be binding on the undersigned's heirs and personal representative.

The undersigned further acknowledges that permission to observe and participate in authorized operations is terminable at the will of any City/Department official, agent or employee without notice of formal process and that this release and hold harmless shall be applicable whenever the undersigned is observing or participating in authorized operations.

The undersigned acknowledges that the execution of this release is done as a free and voluntary act.

Date: _____

Academy Participant Name: _____
Print Name Signature

For official Department Use Only

Date: _____

Authorized Approval: FF Everett G. Mueller _____
Fire Academy Coordinator Signature

Date: _____

Authorized Approval: Deputy Chief Ed Erickson _____
Deputy Chief of Fire Prevention Signature

Date: _____

Final Authorized Approval: Chief Robert Haight III _____
Chief of Department Signature