

Skokie Fire Department
Citizens Fire Academy Application

(Please Print)

Last Name _____

First Name _____ Middle Initial _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Driver's License Number * _____

Social Security * _____

Date of Birth * _____

Are you currently a member of a fire department? Yes _____ No _____

If yes, where? _____

If the Academy is filled, would you like to be placed on a waiting list? Yes ___ No ___

* Information will be used for the sole purpose of an applicant background check.

I am at least 18 years of age, and either a resident or an employee of the Village of Skokie. I verify all information on the Citizens Fire Academy application to be accurate and truthful. I further understand the Skokie Fire Department will be conducting a background check that may include, but not be limited to any criminal history. The Skokie Fire Department reserves the right to accept or reject any applicant for the Citizens Fire Academy. I understand and agree to the terms stated above.

Signature _____ Date _____

This application is to be completed and returned to the Skokie Fire Department, attention: Linda Brady, 7424 Niles Center Road, Skokie, Illinois 60077. Any questions, call 847-982-5340.

Authorized Approval:

Ralph Czerwinski, Fire Chief

Document #277947

Skokie Fire Department

Village of Skokie - Citizens Fire Academy Emergency Information Sheet & Breathing Apparatus Clearance

(Please Print Clearly)

Full Name _____

Date of Birth _____

In an Emergency, who would you like called?

Name	Phone Number
_____	_____
_____	_____
_____	_____

Your primary doctor's name _____

What type of medical conditions should we know about?

(Check any that apply to you)

- | | |
|---|--|
| <input type="checkbox"/> Cardiac/Heart Problems | <input type="checkbox"/> Breathing/Respiratory |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Vision/Hearing Problems |
| <input type="checkbox"/> Other _____ | |

Do you have any allergies? No Yes, what _____

What medications(s) do you take? _____

While not required, participation in portions of this program may include the use of a self-contained breathing apparatus (respirator) if you are medically cleared to do so have your Physician sign below:

_____ Medically cleared _____ Not medically cleared

Name of Physician _____ Date: ____/____/____

Signature of Physician _____

*Skokie Fire Department
Citizen's Fire Academy*

Release, Hold Harmless and Covenant Not to Sue

In exchange for the opportunity to participate in the Village of Skokie Fire Department's Citizen's Fire Academy (SFDCFA), the undersigned expressly assumes the risk of and legal responsibility for injury, loss or damage to his or herself or property when undertaking any of the activities or drills conducted within the scope of the SFDCFA. Additionally, undersigned understands and accepts that all activities are voluntary and that he or she maybe exposed to potentially dangerous situations. The undersigned further agrees to:

- Release and waive any and all claims, causes of action, or other means of legal recourse that the undersigned may have against the Village of Skokie, elected officials, officers, employees or agents, that may arise from or be caused by my participation in the SFDCFA;
- Indemnify, hold harmless, and defend the Village of Skokie, elected officials, officers, employees or agents 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 SFDCFA;
- Covenant not to sue the Village of Skokie, elected officials, officers, employees, and agents for damages that may arise from or be caused by any participation in the SFDCFA.

By signing this document, the undersigning acknowledges that he or she is not and will not be acting as an employee or agent of the Village of Skokie and is specifically waiving, in addition to the waiver set forth above, any rights to Workers' Compensation benefits. The undersigned further acknowledges that the release, waiver, hold harmless and covenant not to sue shall be binding on the undersigned's permission to observe and participate in SFDCFA and said permission is terminable at the will of any the Skokie Fire Chief or designee without notice of formal process.

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

Participant/Applicant

Date