

CITY OF COOS BAY

Citizens' Fire Academy

Application for Enrollment

Name _____

Address _____ City/Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email address _____ T-Shirt size _____

Date of Birth _____ Driver License Number _____ State issued _____

Occupation _____ Business Name _____

How did you hear about the Citizens Fire Academy?

What is your purpose for attending?

Have you ever been arrested for or convicted of a crime? _____ If yes, please explain.

Please list name, address, and phone number of two personal references.

1. _____

2. _____

Please return to: Coos Bay Fire & Rescue, 450 Elrod, Coos Bay, Oregon 97420