



2020
Application for Enrollment
Tuesday, April 7th – Tuesday, May 19th
Weekly 6:00 p.m. – 9:00 p.m.

Available to all residents or business owners of Lake Forest, Lake Bluff and Rockland Fire Protection District

Applicant Information

Prefix: _____ First Name: _____ Last Name: _____

Phone: _____ Email: _____

Date of Birth: _____ Driver's License #: _____ T-shirt size: _____

Home Address: _____
Street Address *Apartment/Unit #*

_____ _____
City *State* *ZIP Code*

Business Address: _____
(If applicable) *Apartment/Unit #*
Street Address

_____ _____
City *State* *ZIP Code*

Survey

How did you hear about the Citizens Fire Academy? _____

Why do you wish to attend the Citizens Fire Academy? _____

Disclaimer and Signature

In consideration of my application to attend the Citizens Fire Academy, I attest that the above information is correct and I understand the Lake Forest Fire Department reserves the right to conduct a background check.

Signature

Date

Parental Signature (required for ages 16-17)

Date

Please email completed application to Firefighter Chrissy Stelter: stelterc@cityoflakeforest.com