



2019

Application for Enrollment

Tuesday, April 9th – Tuesday, May 14th
Weekly 7:00 p.m. – 10:00 p.m.

Name: Mr. ___ Mrs. ___ Ms. ___ _____

Date of Birth: _____ **Drivers License #:** _____

Primary Phone #: _____ **Email:** _____

T-Shirt size: _____

If a Lake Forest/Lake Bluff/Knollwood resident:

Home Address: _____

If a Lake Forest/Lake Bluff/Knollwood business owner:

Business Address: _____

How did you hear about the Citizens Fire Academy?

Why do you wish to attend the Citizens Fire Academy?

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

Signature of Applicant

Date

Please email completed application to Deputy Chief Kevin Cronin: cronink@cityoflakeforest.com