

# City of Newport News Fire Department

## Citizen Fire Academy Application



Complete and Return to:  
**Newport News Fire Department**  
**3303 Jefferson Avenue**  
**Newport News, VA 23607**  
**(757) 975-5030**  
**fdcfa@nnva.gov**

### **Purpose:**

The Citizen Fire Academy (CFA) provides an opportunity for citizens to learn firsthand about fire department operations. Through a series of lectures, field trips, and simulated activities, citizens are provided training similar to that of an actual firefighter/medic. The Academy is of benefit to the community and the department because it builds relationships and creates a cadre of citizens who are better informed about the reality of the Fire Department.

### **Format:**

The academy runs for 14 weeks with most classes held between 6 p.m. – 9 p.m. on Monday nights.

### **Location:**

Unless otherwise specified, classes are conducted at the Newport News Fire Department Training Center (17300 Warwick Blvd, Newport News, VA 23603). Some off-site visits are made to other relevant locations.

### **Instruction:**

Instruction is provided by Fire Department personnel. This program is not an accredited certification course to become a certified firefighter or emergency medical technician.

### **Sample Curriculum:**

- Overview of Fire Department Operations and Organization
- Introduction to Fire Suppression and Emergency Medical Services
- CPR-First Aid Training
- Fire Extinguisher Training
- Fire Station and Fire Apparatus Tours
- Introductions Emergency Operations Center and Fire Prevention

### **Qualifications for Participation:**

- Must be a minimum of 18 years of age.
- Must be either a Newport News resident, business owner, employed in the City or connected to the City in some way.
- Must pass a criminal history background check (document attached).

**PLEASE READ CAREFULLY BEFORE PROCEEDING:**

Due to the sensitivity and classified nature of the material that will be shared with you during the CFA, it is essential each fire academy applicant complete this application thoroughly and truthfully. It is imperative to the security of our agency that each accepted applicant is of good moral and legal standing. This form must be typewritten or printed in ink. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Applications which are not complete or legible will not be considered. The information you provide in this application will remain confidential.

**QUALIFICATIONS FOR PARTICIPATION:**

Are you at least 18 years of age or older? \_\_\_\_Yes \_\_\_\_No

Are you at least one or more of the following (check all that apply):

a. Newport News resident \_\_\_\_Yes \_\_\_\_No If yes, how long? \_\_\_\_\_

b. Business owner in Newport News \_\_\_\_Yes \_\_\_\_No

c. Employed in Newport News \_\_\_\_Yes \_\_\_\_No

1. If employed in Newport News, please list the name of your employer and position held: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

d. If connected to the City in some way, please explain: \_\_\_\_\_

**PERSONAL:**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please explain briefly why you wish to become enrolled in the Newport News Fire Department Citizen Fire Academy.

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Are any of your family or friends wanting to also attend this Academy with you? If so, please list their name(s): \_\_\_\_\_

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**ACKNOWLEDGMENT:**

I certify that the foregoing answers and all supplemental documents are true and correct to the best of my knowledge and that I have not knowingly withheld or misrepresented any material fact herein. Any false information may result in the immediate rejection of this application or shall be grounds for immediate dismissal from the program.

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Signature of Applicant

Date

## Memorandum of Understanding

I, (print name) \_\_\_\_\_, hereby request to participate in the Newport News Newport News Citizen Fire Academy (CFA) program. I understand that this training will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage. I make this request with full knowledge of the possibility of personal injury and/or property damage. Further, I have read and understand the program outline that describes all class sections and the associated activities. My participation in the CFA program is voluntary. I do hereby agree to assume all risks which may be associated with or result from my participation in this program, and hereby waive any and all claims, causes of action and demands against the City of Newport News, its agents, officers and employees for any personal injury or property damage arising from my participation in the CFA program. I agree to follow the rules established by the instructors, and to exercise reasonable care while participating in the CFA program. I understand that if I fail to follow the instructor's rules and program regulations or if I fail to exercise reasonable care, I can be removed from the program. I understand that I do not become an employee of the City of Newport News via my participation in the CFA program. By executing this agreement I certify that I have read this agreement in its entirety, understand all of its terms and have had any questions regarding this agreement or its effect satisfactorily answered. I sign this release freely and voluntarily.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Emergency Contact Name Relationship to Applicant

(\_\_\_\_\_)\_\_\_\_\_  
Emergency Contact Phone Number



**City of Newport News**  
**Department of Human Resources**  
**Authorization to Release Information**

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**TO:** Any Local, State or Federal Law Enforcement Agency; any past or present employer; any Academic Dean, Registrar, Principal, Guidance Counselor or other authorized person at any School, College or University; U. S. Armed Forces, or Maritime services:

I, \_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Address City State Zip

have applied for employment /volunteer service as a/an \_\_\_\_\_ with the City of Newport News, Virginia. I am aware that my entire background may be investigated thoroughly. I hereby authorize and request the release of any and all information you have concerning me (including employment and criminal records) to any representative of the City of Newport News, Virginia, upon presentation of this release or copy hereof and release all concerned from all liability in connection therewith.

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Maiden Name \_\_\_\_\_

List any other names or aliases previously used \_\_\_\_\_

Place of Birth: (County or City) \_\_\_\_\_ (State or Country) \_\_\_\_\_

\_\_\_\_\_  
Signature of Person to be Investigated Date