



Salem County Department of Emergency Services Fire Academy

135 Cemetery Road Woodstown, NJ 08098
Phone: 856-769-3500 ext. 4119 Fax: 856-769-4229



PROGRAM APPLICATION FORM

Program Information:

Program / Course Title : _____

Program / Course Start Date : ____/____/____

Tuition : _____

Student Information: (please print legibly)

Last Name: _____ First Name: _____

Home Address _____

Home Phone: _____ Work / Other Phone : _____

Cell Phone: _____ Email address : _____

Emergency Services Affiliation (if any) : _____

Mailing Address : _____

Payment Information :

Voucher / Purchase Order Money Order Letter Of Intent (Co.)

Company Check (# _____) \$ Training Fund

Academy Use Only :

Received: ____/____/____

Accepted : ____

Rejected : ____ Reason for Rejection: _____

Payment Received: ____/____/____ Method of Payment : _____

Company / Officer Authorization

I certify that the above student meets the prerequisites and age requirements to participate in this program. I am also verifying that the student is physically capable of participating in the program and I further verify that the above listed individual is an active member of this company and is covered by workman's compensation insurance while participating.

Emergency Services Organization: _____

Print Name: _____ Title: _____

Signature: _____ Date: ____/____/____

Notice of Intent To Pay

In signing this section , I attest that the emergency services organization noted above, agrees to provide payment for tuition and associated fees, etc. for this student.

Signature : _____ Contact Phone: _____

Student Verifications:

Criminal History Statement:

Have you ever been arrested and/or convicted of a misdemeanor or felony? ____ Yes ____ No

I verify, to the best of my knowledge, the information contained in this application is accurate and correct. I further agree that if I am not affiliated with an organization, I agree to provide my own insurance. I also certify that I meet the age requirements and prerequisites of the course and understand that any falsification of information may lead to my rejection for class participation. I further agree that upon my acceptance, I will report for the identified course of instruction at the appropriate time and starting date posted for the course; and if circumstances beyond my control prevent me from attending the course, I will notify Salem County Fire Academy as soon as this becomes known to me.

Print Name : _____

Signature : _____