

Division of Fire Safety  
**VERMONT FIRE ACADEMY**  
 93 Davison Drive  
 Pittsford, VT 05763  
 802-483-2755 / 800-615-3473  
 FAX: 802-483-2464  
 www.vtfireacademy.org

## GENERAL ADMISSION APPLICATION

Personal Information			
First Name:	Middle Initial:	Last Name:	
Mailing Address:			
City:	State:	Zip Code:	
Home Phone:	Work Phone:	Other Phone:	
E-Mail:			
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Student ID Number: -	The Student ID consists of your initials and the last 4 digits of your social security number. (ABC-1234)		
Agency Information			
Department/Agency Name:			
Rank/Position:	<input type="checkbox"/> Permanent <input type="checkbox"/> Call <input type="checkbox"/> Volunteer		
Agency Mailing Address:			
City:	State:	Zip Code:	
Agency Phone:			
Program Information			
Program Requested:			
Program Start Date:	Location:		
I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the Vermont Fire Academy if I am admitted as a student. Falsification of information may result in denial of a course certificate. I hereby authorize release of any and all information concerning my enrollment in this course to the chief officer in charge or designee of my organization. All requests for information shall be in writing from said chief or designee.			
Applicant Signature:		Date:	
I certify that the listed applicant is a member of our fire department/agency and is covered by Worker's Compensation Insurance. Non-affiliated students shall provide proof of insurance.			
Authorized Signature (Chief or Authorized Fiscal Agent):		Date:	
- OFFICE USE ONLY -			
Date Received:	Approved:	Denied:	Entered: