



**LOMBARD FIRE DEPARTMENT  
CITIZEN'S FIRE ACADEMY  
APPLICATION FOR ADMISSION**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are you employed by or have a business in the Village of Lombard?  **Yes** How Long? \_\_\_\_\_  **No**

If YES, the name and address of the business: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been arrested for anything other than a traffic offense?  **YES**  **NO**

If yes, explain where, when and disposition: \_\_\_\_\_

How did you hear about the Citizen's Fire Academy: (check all that apply)

Village Newsletter  Village Website  Village Social Media  Friend  Other \_\_\_\_\_

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and do hereby release all parties and individuals connected therewith from all liabilities and damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate mis-statement or omission of material facts may disqualify me to attend the Citizen's Fire Academy. I further understand that the Lombard Fire Department will be conducting this training free of costs and that my only obligation is to make every reasonable effort to attend and participate in all sessions. My signature below acknowledges my understanding and agreement with the material provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail or email completed application to:

**FIRE MARSHALL PERRY JOHNSON  
LOMBARD FIRE PREVENTION BUREAU  
255 E. Wilson Avenue  
Lombard, IL 60148  
[JohnsonP@villageoflombard.org](mailto:JohnsonP@villageoflombard.org)**



## LOMBARD CITIZEN'S FIRE ACADEMY RULES OF CONDUCT

We know you will enjoy the 5 weeks of informative sessions, presentations and hands-on demonstrations. In order to efficiently cover the multitude of topics in this program, the information is presented in a fast-paced, yet comprehensive format. Students will not at any time identify themselves as an employee of the Village of Lombard, or as a fire fighter trainee.

**DRESS CODE:** Comfortable and casual attire is encouraged; however, cutoffs, tank tops or similar attire is not permitted. T-shirts with objectionable slogans or graphics are prohibited.

**ATTENDANCE:** You are expected to attend all sessions. We understand that emergencies do occur. If you are unable to attend a session, please call Monika Solomacha at 630-620-4501. More than two absences and you will not be allowed to graduate. Out of courtesy to the instructor(s) and your fellow students, please arrive on time.

**VISITORS:** Visitors to a program session must be approved by the class coordinator in advance.

**BREAKS:** Breaks will be scheduled hourly. Please take care of personal matters during the breaks and refrain from leaving the room during the sessions.

**WEAPONS:** Weapons of any kind are prohibited.

**TOBACCO PRODUCTS:** No smoking or other tobacco use is permitted in the building.

**STUDENT CONDUCT:** All students are expected to behave in a professional manner. Negative or disruptive behavior which impedes the learning environment is not acceptable.

**CELLULAR PHONES:** Please turn off your cellular phones or set them to silent during class sessions.

**WAIVER OF LIABILITY:** All students MUST sign a waiver of liability before participating in the academy.

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Signature

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Date



## **LOMBARD FIRE DEPARTMENT WAIVER AND RELEASE**

**WHEREAS, I have been accepted by the Village of Lombard Fire Department into the Citizen Fire Academy and, whereas, the program will include participating in hands-on firefighting activities as directed:**

**NOW, THEREFORE, I hereby, in consideration of my acceptance into the program by the Village of Lombard Fire Department do release and waive any and all claims or demands of whatsoever nature which I now have or may in the future acquire against said Village of Lombard together with the officers, agents, servants and employees of the Village of Lombard resulting from my involvement in that program.**

**I further covenant and agree, in consideration of my placement and acceptance, to indemnify and hold harmless said Village of Lombard, their officers, agency and employees from any liability which may be incurred by them or either of them, proximately resulting from any act by me during such program.**

**I further represent that I am 18 years of age or older, with full understanding of all risks involved and agree that this waiver and release shall be binding upon my heirs, executors, administrators, and assignors.**

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Printed Name

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Signature

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Date