



# GENOA TOWNSHIP FIRE DEPARTMENT

GARY HONEYCUTT  
FIRE CHIEF

JOE PONZI  
DEPUTY CHIEF

CRAIG SKEEL  
FIRE MARSHAL

## GENOA TOWNSHIP CITIZEN'S FIRE ACADEMY APPLICATION

Today's Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

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

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

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

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

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Ohio Driver's License Number: \_\_\_\_\_

Genoa Township Resident: Y \_\_\_ N \_\_\_

Affiliation if not a Genoa Township Resident: \_\_\_\_\_

Signature: \_\_\_\_\_

By signing this application I attest that the information presented is true and accurate to the best of my knowledge. Furthermore, I understand and agree to allow Genoa Township to conduct background checks to determine my eligibility. If accepted into the program I will sign a liability release as well as a release allowing the use of myself in pictures in either printed or electronic form. I understand the participants are selected based upon township residency, township employee, and then the general public. I understand that while the enclosed information will not be distributed, it is subject to the rules pertaining to the Public Information Act.

Internal Use Only

Date Received: \_\_\_ / \_\_\_ / \_\_\_\_\_ Received By: \_\_\_\_\_ Complete: Y \_\_\_ N \_\_\_



## CITIZEN'S FIRE ACADEMY RELEASE OF INFORMATION AND STATEMENT OF CONSENT

All Citizen's Fire Academy applicants will be subject to a background check. The following is a list of some of the offenses, which may disqualify you from participating in this program:

- Felony Offenses
- Weapons Offenses
- Assault Offenses
- Drug Offenses

*All decisions regarding admissions are at the discretion of the PROGRAM DIRECTOR. All decisions are FINAL.*

I, \_\_\_\_\_ do hereby consent to the background investigation and authorize a review of all records, or any part thereof, concerning myself, by an to a duly authorized agent of the Genoa Township Fire Department, Delaware County, Ohio whether said records are public or private, and including those that may be deemed to be of a privileged or confidential nature. I understand that should any statement I have made prove to be false, misleading, or erroneous, it may result in rejection of my application or discharge from the Citizen's Fire Academy.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### **RETURN THIS FORM WITH APPLICATION TO:**

**Craig Skeel, Program Director  
Genoa Township Fire Department  
7049 Big Walnut, Rd.  
Galena, Ohio 43021**