



Virginia Fire Chiefs Association

Virginia Fire Officer Academy



ADMISSIONS APPLICATION

THIS FORM IS TO BE USED BY ALL INDIVIDUALS DESIRING TO ATTEND THE VIRGINIA FIRE CHIEFS ASSOCIATION - VIRGINIA FIRE OFFICER ACADEMY. PLEASE READ THE ENTIRE FORM AND FILL IT OUT COMPLETELY UNLESS INDICATED OTHERWISE.

SECTION I - GENERAL INFORMATION

PLEASE TYPE or PRINT

NAME _____ DRIVERS LICENSE # _____
LAST FIRST MI SUFFIX IF NOT VA. INDICATE STATE

NAME AS YOU WANT IT TO APPEAR ON CERTIFICATE _____

DATE OF BIRTH _____ MONTH/DAY/YEAR	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
RACE (PLEASE SELECT ALL THAT APPLY): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Hawaiian or Pacific Islander		

HOME ADDRESS _____
STREET APT. CITY STATE ZIP CODE

MAILING ADDRESS _____
STREET CITY STATE ZIP CODE

PHONE NUMBER _____ CELL PHONE _____ PAGER _____

EMAIL ADDRESS _____ ALTERNATE EMAIL ADDRESS _____

CHECK THE HIGHEST LEVEL OF FORMAL EDUCATION:

HIGH SCHOOL GRADUATE GED COLLEGE 13 14 15 16 POST GRADUATE SCHOOL

DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL ASSISTANCE DURING YOUR ATTENDANCE IN TRAINING? NO YES (If yes, describe & indicate any special assistance required on a separate sheet)

DEPARTMENT NAME _____ FDID _____

DEPARTMENT ADDRESS _____
STREET CITY STATE ZIP CODE

MAILING ADDRESS _____
STREET CITY STATE ZIP CODE

PHONE NUMBER _____ FAX NUMBER _____ EMAIL _____

CHIEF/DEPARTMENT HEAD _____ PHONE NUMBER _____

-----CHECK THE BOX(ES) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION-----

JURISDICTION	ORGANIZATION	CURRENT STATUS	VDFP DIVISION
<input type="checkbox"/> STATEWIDE	<input type="checkbox"/> CAREER	<input type="checkbox"/> PAID FULL TIME	<input type="checkbox"/> DIVISION 1
<input type="checkbox"/> COUNTY GOVERNMENT	<input type="checkbox"/> COMBINATION	<input type="checkbox"/> PAID PART TIME	<input type="checkbox"/> DIVISION 2
<input type="checkbox"/> CITY/TOWN/VILLAGE	<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> DIVISION 3
<input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP/TRIBAL NATION		<input type="checkbox"/> DISASTER RESERVIST	<input type="checkbox"/> DIVISION 4
<input type="checkbox"/> FEDERAL/MILITARY (non-DHS)			<input type="checkbox"/> DIVISION 5
<input type="checkbox"/> INDUSTRY/BUSINESS			<input type="checkbox"/> DIVISION 6
<input type="checkbox"/> FOREIGN			<input type="checkbox"/> DIVISION 7
<input type="checkbox"/> DHS/FEMA			
<input type="checkbox"/> N.D.E.R./I.M.			
NUMBER OF ACTIVE PERSONNEL IN DEPARTMENT _____			

VIRGINIA FIRE CHIEFS ASSOCIATION

VIRGINIA FIRE OFFICER ACADEMY – ADMISSIONS APPLICATION

SECTION II - EMPLOYMENT INFORMATION

PLEASE TYPE or PRINT

CHECK ONE BOX IN EACH COLUMN THAT BEST DESCRIBES YOUR PRESENT PRIMARY RESPONSIBILITY AND TYPE OF EXPERIENCE AS IT RELATES TO THE COURSE FOR WHICH YOU ARE APPLYING. ALSO ENTER THE NUMBER OF YEARS OF EXPERIENCE.

Form with two columns: PRIMARY RESPONSIBILITY and TYPE OF EXPERIENCE. Includes checkboxes for various roles and experiences, and fields for current rank and a brief job description.

SECTION III – ENDORSMENT AND CERTIFICATION

By my signature below, I certify that the information recorded on this application is factual and correct. Falsification of information will result in denial of a course certificate and possible removal from the academy.

I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer (ex. Fire Chief, Department Head, County Administrator) in charge, or designee, of my sponsoring organization.

Further, I understand that, Virginia Fire Chiefs Association and the University of Richmond are not authorized to provide medical or health insurance for students. I maintain appropriate medical insurance on an individual basis.

I agree to abide by the rules, policies, regulations, and by-laws of the Virginia Fire Chiefs Association, the Virginia Fire Officer-Academy and the University of Richmond. Failure to do so will result in denial of the student application, expulsion from the academy, and possible barring from future Virginia Fire Chiefs Association, the Virginia Fire Officer Academy and the University of Richmond.

SIGNATURE OF APPLICANT _____ DATE _____

APPROVAL BY THE HEAD OF THE SPONSORING ORGANIZATION

Students who are applying to attend the Virginia Fire Officer Academy must have prior approval by their Fire Chief or Department Head, affirming their job responsibilities reflect the appropriate priority category listed below.

"By signing this application, I certify that my organization does not discriminate on the basis of age, sex, race, color, religious belief, national origin, economic status, or disability in providing educational opportunities for its employees."

INITIALS Applicant currently serves or is currently eligible to serve our department as a company officer and has the responsibilities associated with this position and/or those taught in the academy (ie: supervision, safety and personnel management).

This department or organization is willing to provide the necessary support to this candidate to ensure that the candidate has the ability to successfully complete the Virginia Fire Officer Academy.

Department Heads and/or Fire Chiefs are encouraged to attach an original letter of recommendation and support on behalf of the applicant. A letter is not required for acceptance but encouraged.

SIGNATURE _____ PRINTED NAME AND TITLE _____

EQUAL OPPORTUNITY STATEMENT

Virginia Fire Chiefs Association, the Virginia Fire Officer Academy and the University of Richmond are Equal Opportunity institutions. They do not discriminate on the basis of age, sex, race, color, religious belief, national origin, or disability in their admissions and student-related procedures.

STAFF USE ONLY BELOW THIS LINE

Form for staff use including fields for POST MARK DATE, DATE REVIEWED, APPLICANT DISPOSITION (ACCEPTED/NOT ACCEPTED), and SIGNATURE OF REVIEWER.