



# Salem Fire EMS

## Citizens Academy



(Application must be filled in full for consideration)

Full Name:						
Home Street Address:				Apt/Suite:		
City:		State:		Zip Code:		
Home Phone:		Cell Phone:		Work Phone:		
Email Address:						
Are you a City of Salem employee? (Circle one please) Yes No			If yes, which department?			
Are you a City of Salem citizen or business owner? Yes No			If yes to business, what is the name and address of the business?			
How did you hear about the Salem Fire-EMS Citizens Academy?						
Employer:						
Employer Street Address:						
City:		State:		Zip Code:		
Have you ever been convicted of a felony?			Yes No			
Please circle one for t-shirt size		S	M	L	XL	XXL

**Please return completed application to:**

Salem Fire EMS

Attn: Lt Mike Perdue, Citizens Academy

216 South Broad St

Salem, VA 24175

Or Email completed application to: [MPerdue@SalemVA.Gov](mailto:MPerdue@SalemVA.Gov)

This document can be completed as a Microsoft Word .doc file, saved and submitted via the email address above or printed, and either scanned as a PDF format and emailed, or mailed to the address above.