

Student Application



Please circle the class series you want to attend: April/May or September/October

Class Day/Time: Thursdays 6:30 p.m. – 9:00 p.m.

Location: Bentonville Fire Department Central Station – 800 SW A St.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: HOME _____ CELL _____
WORK _____ PAGER _____

E-MAIL ADDRESS _____

EMPLOYER _____ OCCUPATION _____

EMERGENCY CONTACT:

NAME _____ Relation _____
PHONE _____

Please provide a brief description of your background and /or special training:

AUTHORIZATION TO RELEASE INFORMATION

I, _____, am seeking to participate in the City of Bentonville Fire Department’s Community Emergency Response Team. I acknowledge that a complete investigation into my background may be necessary to protect the safety and welfare of the citizens of Bentonville. I hereby expressly and voluntarily give the City the right to make an investigation of my past employment, education, and activities. I specifically authorize the release of any and all information of a confidential or privileged nature, including criminal justice information to the staff of the City and its agents. I understand that the City reserves the right to use any lawful method of investigation that, in its sole discretion, it deems reasonable and necessary.

I hereby release the City and any organization, company, institution, or person furnishing information to the district and its agents as expressed above, from any liability for damage which may result from any dissemination of the information requested above.

This document is effective until revoked in writing by me.

In addition, there are certain risks inherent in participating in said training. I further understand that an employee or volunteer has no personal liability, and I hereby release the City of Bentonville and the Bentonville Fire Department from any claims resulting from my participation in said training.

Applicant

Signature _____ Date _____

Please mail this application to: Bentonville Fire Department
Attn: BJ Hyde
800 SW A St.
Bentonville, AR 72712

Or scan and email to: bjhyde@bentonvillear.com