

VERMONT FIRE ACADEMY

93 Davison Drive Pittsford, VT 05763 802-483-2755 / 800-615-3473 FAX: 802-483-2464 http://firesafety.vermont.gov/academy



GENERAL ADMISSION APPLICATION

Personal Information						
First Name:			Last Name:	Last Name:		
Mailing Address:						
City:		State:		Zip Co	Zip Code:	
Mobile Phone:		Work Phone:		Home/	Home/Other Phone:	
E-Mail:		Applications can be emailed to: DPS.VFAApplications@vermont.gov				
Date of Birth:	☐ Male ☐ Female ☐ Non-Binary		Non-Binary			
Last Four Digits of Social Security Number:						
Agency Information						
Department/Agency Name:						
Rank/Position:			☐ Permane	☐ Permanent ☐ Call ☐ Volunteer		
Agency Mailing Address:						
City:	State:	Zip Code:		:		
Agency Phone: A			Approximate D	pproximate Date of Hire:		
Program Information						
Program Requested:						
Program Start Date:	Location:	Location:				
I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the Vermont Fire Academy if I am admitted as a student. Falsification of information may result in denial of a course certificate. I hereby authorize release of any and all information concerning my enrollment in this course to the chief officer in charge or designee of my organization. All requests for information shall be in writing from said chief or designee.						
Applicant Signature:						
				Date:		
I certify that the listed applicant is a member of our fire department/agency and is covered by Worker's						
Compensation Insurance. Non-affiliated students shall provide proof of insurance. If the applicant does not finish the program or course and the student materials that are provided by the Vermont Fire Academy are unable to be						
returned in new condition, then we the department/agency agree to pay for the student materials.						
Authorized Signature (Chief or Designee):						
				Date:		
- OFFICE USE ONLY -						
Date Received:	Approved:		Denied:		Entered:	

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