



Fire Department Sponsor Form

Applicant Name: _____

Address: _____

Academy Attending: 20_____

Sponsor Fire Department: _____

Address: _____

Chief _____ Telephone # () _____

I, _____, Chief of _____

do endorse/sponsor _____ (Applicant Name) in attending the Cleveland Community College Fire Academy. I realize that sponsorship of this individual means that I agree to provide NFPA-compliant structural firefighting gear and workers compensation insurance for the individual listed above. Additionally, I understand that

I am responsible for the behavior of this individual and may be contacted at any time during the academy for behavior of this individual that is deemed detrimental to the success of any part of the academy program. Consequently, I realize that deviant behavior will not be tolerated and the individual listed above will be terminated from the program for such. Furthermore, I understand that I can revoke my (department) sponsorship for this individual at anytime during the academy.

Chief Signature _____ Date _____

Applicant Signature _____ Date _____

Workers Compensation Insurance Company _____

Policy Number _____

RIDE-ALONG OPTION

In addition to the Cleveland Community College Fire Academy, I give permission to (Applicant Name) _____ to participate in a Ride-Along Program with one or more of the fire departments that partner with the Cleveland Community College Fire Academy. I realize that the individual named will be covered under my insurance plan and will not be allowed to perform functions outside of his/her skill and certification level.

I realize that the Ride-Along Program is not required as part of the Cleveland Community College Fire Academy and is, simply an optional program for the applicant. I agree that I or my department will not hold any partner of the Cleveland Community College Fire Academy liable for any injuries, inconvenience, emotional stress or any other physical or mental duress incurred by this individual participating in the Ride-Along Program.

Chief Signature _____ Date _____

I, _____ (Applicant Name) agree to not hold any partner of the Cleveland Community College Fire Academy liable for any injuries, inconvenience, emotional stress or any other physical or mental duress incurred by participating in the Ride-Along Program.

Applicant Signature _____ Date _____

Witness Signature _____ Date _____