

BIGGERSVILLE

POST OFFICE BOX 441 CORINTH, MS 38835
531 COUNTY ROAD 513 RIENZI, MS 38865



FIRE & RESCUE

"OUR FAMILY PROTECTING YOURS"
EMAIL: BIGGERSVILLEFIRE@BELLSOUTH.NET

APPLICATION FOR MEMBERSHIP

Please print all information clearly.

DATE: ____/____/____

FULL NAME: _____

ADDRESS: _____

HOME PHONE: (____) ____-____ OTHER PHONE: (____) ____-____

I WANT TO RECEIVE EMERGENCY DISPATCH INFORMATION VIA TEXT MESSAGE ON MY CELLULAR PHONE.

CELLULAR PHONE: (____) ____-____ SERVICE PROVIDER: _____

DATE OF BIRTH: ____/____/____ DRIVER LICENSE #: _____ STATE: _____

EMPLOYER: _____ POSITION: _____

NEXT OF KIN: _____

CONTACT INFORMATION: _____

HAVE YOU EVER WORKED IN EMERGENCY SERVICES? (Fire, Medical, Police, etc...) YES NO

IF YES, EXPLAIN AND LIST TRAINING: _____

DO YOU HAVE ANY PHYSICAL IMPAIRMENTS? YES NO

IF YES, EXPLAIN: _____

DO YOU HAVE A CRIMINAL RECORD? YES NO SHIRT SIZE: _____

I ATTEST THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE. IF ACCEPTED FOR MEMBERSHIP, I AFFIRM TO OBEY ALL LAWFUL ORDERS OF THE OFFICERS AND ALL STANDING ORDERS AND PROCEEDURES OF THIS DEPARTMENT. I WILL PERFORM TO THE BEST OF MY ABILITY ALL OF THE DUTIES PRESCRIBED TO ME. I AUTHORIZE AND RELEASE MY PROVIDED PERSONAL INFORMATION TO BE USED TO PREFORM A CRIMINAL BACKGROUND CLEARANCE BY THE OFFICERS OF THE DEPARTMENT AND WISH IT TO BE ONLY RELEASED IN THE CASE OF AN EMERGENCY. I WILL SURRENDER ANY EQUIPMENT ISSUED TO ME UPON LEAVING THE DEPARTMENT, WHETHER BY VOLUNTARY OR INVOLUNTARY MEANS. I ALSO UNDERSTAND THAT RECEIVING TEXT MESSAGES WILL BE SUBJECT TO THE PARAMETERS OF MY PERSONAL CELLULAR PHONE CONTRACT AND AGREE THAT BIGGERSVILLE FIRE & RESCUE AND/OR ALCORN COUNTY E-911 IS NOT RESPONSIBLE FOR ANY CHARGES INCURRED.

SIGNATURE: _____

Approved: _____ Disapproved: _____ Chief's Int.: _____