

# 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: \_\_\_\_\_

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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.: _____
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