

Lauderdale
County
Fire Service



Meridian,
Mississippi
39364

Application for Membership

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 PROCEDURES 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 PERFORM 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 _____ FIRE & RESCUE AND/OR LAUDERDALE COUNTY E-911 IS NOT RESPONSIBLE FOR ANY CHARGES INCURRED.

SIGNATURE:

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

Submit this application to the Fire Chief at the Volunteer Fire Dept. in your area.

See the tab on the website labeled "Departments" for fire chief contact information.