



Adams County Fire Coordinator
 201 South Wall St. | PO Box 805
 Natchez, MS 39121
 Non-Emergency Lines
 Phone: 601-442-7021 Fax: 601-442-6271



Membership Application

Applicant for: _____ Volunteer Fire Department

Name: _____
 (Last) (First) (Middle)

Address: _____
 (Street) (Town) (ZIP)

Telephone: _____
 (Work) (Home) (Cell/Pager)

E-Mail: _____

Driver's License #: _____ State: _____ Expiration: _____

Date of Birth: _____ S.S. #: _____

Applying For (Check all that apply)

<input type="checkbox"/> Rescue Areas of Interest <input type="checkbox"/> First Responder <input type="checkbox"/> Emergency Medical Technician <input type="checkbox"/> Driver <input type="checkbox"/> Safety Education <input type="checkbox"/> Other _____	<input type="checkbox"/> Fire Areas of Interest <input type="checkbox"/> Firefighting <input type="checkbox"/> Heavy Rescue <input type="checkbox"/> Driver/Pump Operator <input type="checkbox"/> Fire Prevention <input type="checkbox"/> Other _____
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In case of an emergency, please notify:

Name: _____

Relationship: _____

Contact Information: _____

Personal Information: (Optional)

Height: _____ Weight: _____ Blood Type (If Known) _____

To your knowledge, do you have any physical or mental defects, which would prevent you from fully, and safely performing the duties of a volunteer firefighter? Yes No

If yes, please describe briefly: _____

Personal References

Name _____ Home Phone _____
Address _____ Work Phone _____
City _____ State _____ Relationship _____

Name _____ Home Phone _____
Address _____ Work Phone _____
City _____ State _____ Relationship _____

Name _____ Home Phone _____
Address _____ Work Phone _____
City _____ State _____ Relationship _____

Employment History

Employers Name: _____ Occupation: _____
Employer's Address: _____
Bus. Phone: _____

Please list any additional skills and/or all certificates, documents, licenses, and professional designations that you have to indicate your particular area of expertise or training relative to volunteer services.

I certify that all information contained herein is true to the best of my knowledge. I understand that if any information is found to be false, then this may be grounds for immediate termination of membership. With my signature, I authorize the department to conduct background, criminal, and personal and professional reference checks to be done as needed throughout my employment/membership with the department. Also by signing this I am stating that I will accept and comply with the By-Laws and Standard Operating Guidelines of the Adams County Volunteer Fire Department.

Applicant Signature: _____ Date: _____

For Office Use Only
Received: / / Interview: / / Proposed: / / Probation: / / Full Member: / / Declined: / /