

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: | (I - A) | (First) | (Middle) | |
| Address: | (Last) | (гизі) | (Middle) | |
| riddress. | (Street) | (Town) | (ZIP) | |
| Telephone: | (Work) | (Home) | (Cell/Pager) | |
| E-Mail: | (WOIK) | ` | (Coll i agor) | |
| Driver's Lice | ense #: | State: | Expiration: | |
| Date of Birth | n: S.S. | #: | | |
| | | .36 | | |
| ***** | ***** | ******* | * * * * * * * * * * * * * * * * | |
| Applying F | or (Check all that apply) | | □ ™ : | |
| A | □ Rescue | | ☐ Fire Areas of Interest | |
| | s of Interest | | ☐ Firefighting | |
| | rst Responder | | ☐ Heavy Rescue | |
| ☐ Emergency Medical Technician ☐ Driver | | | ☐ Driver/Pump Operator | |
| | | | ☐ Fire Prevention | |
| ☐ Safety Education ☐ Other | | | Other | |
| In case of a | n emergency, please notify | : | | |
| Name: | | | | |
| Relationship | : | | | |
| Contact Info | rmation: | | | |
| Personal In Height: | formation: (Optional) Weight: | Blood Type (If Kr | nown) | |
| To your kno | wledge, do you have any pl lly, and safely performing th | nysical or mental de ne duties of a volun | efects, which would prevent teer firefighter? Yes No | |
| If yes, please d | lescribe briefly: | | | |
| 5 - 1 <u>F</u> | | | | |
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| my signature, I authorize the department to conduct background, crim reference checks to be done as needed throughout my employment/metory signing this I am stating that I will accept and comply with the Guidelines of the Adams County Volunteer Fire Department. | |
| Applicant Signature:Da | termination of membership. With nal, and personal and professional bership with the department. Als |