

Application for Fire Department Membership

Fire Department _____

Applicant's Information

Last _____ First _____ Middle _____

Social Security _____

Address _____ City _____ State _____

Zip _____ Gender _____ Race _____ Date of Birth _____

Home Phone _____ Work Phone _____

Cellular Phone (optional) _____

Pager (optional) _____ PIN _____

Drivers License Number _____ State: _____

Date joined Fire Department _____

Paid-Part-Time _____ Paid Full-Time _____ Volunteer _____

Auxiliary _____ Retired _____ Junior _____

Next of Kin Information

Name _____ Relation _____

Phone Number _____

Address _____ City _____ State _____

Zip _____

Do you wish to participate in Text Messaging program? Yes () No () Please check.

Phone Number () _____ Carrier: _____
Area Code Number

I acknowledge that I have read the Pitt County Fire Service Text Messaging Dispatch Agreement and agree to the terms and conditions set forth in said agreement.

Applicant's signature _____ Date _____

Fire Chief's signature _____ Date _____

IMPORTANT: To assure our data is accurate and to properly enroll you with Workers' Compensation all blanks must be completed before this application will be accepted in the Emergency Management Office.

When you fax an application the original must be mailed or delivered to the Emergency Management Office within 30 days. A faxed application is not always legible.