



2015 MISSISSIPPI STATE FIRE ACADEMY GENERAL ADMISSION APPLICATION

Replaces All Previous Editions.
http://www.mid.ms.gov/fireacad

Submit application to:
STATE FIRE ACADEMY
1 Fire Academy USA
Jackson, MS 39208-9600

Phone: 601-932-2444; Fax: 601-932-2819

Internal Office Use Only:
Pay Method: No Fee Bill-After Prepay CASH
CK/MO Date Paid
Total Remittance: \$
PO# INV#
Course Fee: \$ Dorm:
Course Date Assigned:

Duplicate form as needed. Please Print in Ink or Type Application:
Applicant, Chief or designee, and one witness must sign application for processing.

SECTION 1: APPLICANT INFORMATION

Last Name: First Name: M.I.: MSFA ID#:(3 letters last name-2 letters first name-last 4 digits of SS#)
Date of Birth And Age Age: Applicant Sex: Male Female Are you a high school graduate or have a GED? YES NO
Contact Phone Number: Current Position with Sponsoring Department Rank:
Years in Position: Hire Date: Applicant Status with Department/Organization: Career Volunteer Other
Student Email Address:

SECTION 2: SPONSORING DEPARTMENT/ORGANIZATION INFORMATION

Name of Sponsoring Department/Organization:
Address: Contact:
City, State: Zip: County:
Phone Number: Fax: Email:
CHECK ALL THAT APPLY
Status of Sponsoring Department or Organization: City, Federal or State Government Other-Describe
MS Municipal Fire Dept. Career Volunteer Combination Appointed Fire Investigator
MS County Fire Dept. Career Volunteer Combination
Industrial Organization For Profit Out of State Law Enforcement Dispatcher Emergency Management Other

SECTION 3: COURSE REGISTRATION AND DORM ACCOMODATIONS

Course Name: Course Code:
Requested Date: 1st Choice: 2nd Choice:
Pre-Requisites Required for this Course: NO YES-If Yes, complete section below:
List Course Pre-Requisite Certifying Agency Date Completed
Required Pre-Requisite One: Course: Agency Date Completed: (Attach copy of certificate)
Required Pre-Requisite Two: Course: Agency Date Completed: (Attach copy of certificate)
Do you want to reserve a dorm room? NO YES (If dorm fee is not included in course fee, add \$17 per night to course fee)

SECTION 4: APPLICANT - Briefly describe your activities or responsibilities as they relate to the course for which you are applying and identify how you will utilize the information obtained from the course.

[Empty text area for applicant response]

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Applicant Name: (Last, First, Middle) _____ MSFA ID: _____

SECTION 5: FINANCIAL INFORMATION

Course Name:	Course Fee: \$
Is this a pre-payment required course? If Yes, attach a purchase order or check for the registration process. (Please check catalog course description if unsure.)	Dorm Fee: \$17 per night x _____ nights = \$ _____ (If applicable and not included in course fee)
Group A fee students represent: Mississippi Municipal (career or volunteer) fire departments, Mississippi County (career or volunteer) fire departments, emergency management, military personnel assigned full time to a Mississippi Base, state employees, arson investigators (County Fire Arson and Fire Investigator courses), and Choctaw Fire Department.	Meal Fee: \$12 per day x _____ days = \$ _____ (If applicable and not included in course fee)
Group B fee students represent: Industrial organizations, federal affiliates, out-of-state students, for-profit entities, law enforcement, medical entities, dispatchers, etc.	Book Fee: \$ _____ (If applicable and not included in course fee)
TOTAL COURSE FEE: \$	

SECTION 6: SPONSORING DEPARTMENT ACKNOWLEDGEMENT OF APPLICANT PROCESS AND FINANCIAL OBLIGATIONS

Signature of approval by chief of fire department or head of organization for applicant to attend course listed. Acknowledgement that a course processing fee of \$40 will be charged for all substitutions or cancellations. Additionally, if applicant does not show up for a registered course (regardless of financial responsibility), a fee of \$60 will be charged to the sponsoring department/organization. The course fee will be due and paid by organization listed in Section 2 unless marked otherwise below (except the processing fee or no show fee).

Signature of Chief or Designee: _____	Please Check One: <input type="checkbox"/> Department Responsible OR <input type="checkbox"/> Student Responsible
Printed Name: _____ Title/Date: _____	Note: If student is responsible, payment must be received 30 days prior to course begin date or student will be removed from the course delivery.

SECTION 7: APPLICANT ENDORSEMENT AND CERTIFICATION

Do you have any medical conditions which would require special consideration during your attendance? (See American Disabilities Act Federal Regulations in catalog on Rules and Guidelines Governing Students.)

NO YES-Explain: _____

- A. I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the State Fire Academy of Mississippi if I am admitted as a student. Falsification of information may result in denial of admission or a course certification.
- B. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge or designee of my organization. All requests for information shall be in writing from said chief officer or designee.
- C. I understand that the State Fire Academy of Mississippi is not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.
- D. I have read and understand all rules and guidelines listed in the catalog governing all students.

WAIVER...While attending for the purpose of instruction in the State Fire Academy's program, (**course name**) _____ and desiring to obtain practical experience by acting in various capacities on the fire apparatus, trucks, and other equipment in connection with

my instruction, I (**PRINT NAME**) _____ do hereby relieve the State Fire Academy and all agencies or individuals furnishing equipment or services in connection with said school as well as any fellow student or instructor from any and all liability or any sort or nature whatsoever that might arise or occur as a result of any accident, injury, or damage to me during my participation in the course conducted by the State Fire Academy and do, by my presence, assume whatever risk, apparent and unapparent, that training of this entails.

I understand that the nature of the tasks a fire fighter will be called upon to perform requires a high degree of physical fitness, agility, and dexterity. The instruction I will receive at the State Fire Academy will, therefore, include rigorous exercises which will require physical fitness, strength, and stamina. I waive any and all claims for myself or my heirs against the Academy, its officials or employees, which may result from my participation in the Fire Academy program. This waiver does not affect any rights I may have pursuant to the Workers Compensation Act or the Tort Claims Act. I hereby agree to follow all Academy Rules and Guidelines Governing Students.

IN WITNESS WHEREOF, I AM SIGNING THIS WAIVER IN THE PRESENCE OF THE UNDERSIGNED WITNESS:

Witness Signature: _____	Applicant Signature/Date: _____
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