



2019 MISSISSIPPI STATE FIRE ACADEMY GENERAL ADMISSION APPLICATION

Replaces All Previous Editions.
http://www.msfa.ms.gov

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

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

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

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:

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 Hire Position: 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 Course: Agency: Date Completed: (Attach copy of certificate)
Required Pre-Requisite One: 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.

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

SECTION 5: FINANCIAL INFORMATION

Course Name: Course Fee: \$
Dorm Fee: \$17 per night x nights = \$
Meal Fee: \$12 per day x days = \$
Book 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.

Signature of Chief or Designee: Please Check One: Department Responsible OR 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.
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.
C. I understand that the State Fire Academy of Mississippi is not authorized to provide medical or health insurance for students.
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: