

Manor Volunteer Fire Department Application for Membership

Type: **Active / Associate / Junior** Date: ___ / ___ / ___ Date of Birth: ___ / ___ / ___

Applicant Name (Print): Last _____ First _____ M.I. _____

Address: _____

Age: _____ Sex: _____ Height: _____ Weight: _____ Social Security #: _____ - _____ - _____

Married: **Yes / No** Home Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

Drivers License State _____ #: _____ Class _____ Expires: ___ / ___ / ___

Place of Employment: _____ Phone #: _____

Do you have any traffic accidents or violations (within 3 years) past or pending? **Yes / No** Have you ever qualified for disability? **Yes / No** Have you ever been convicted of a crime or have criminal procedures pending? **Yes / No**

Please attach a detailed explanation to a **Yes** answer to any of the previous 3 questions.

Do you have any past experience with Fire Fighting? **Yes / No** Chief Name: _____

Department Name: _____ Phone #: _____

List any applicable fire training and or certifications you currently hold: Attach separate sheet if necessary.

Training Description	Instructor	Date

List 2 references who are not relatives and or members of the Manor Volunteer Fire Department:

Name	Telephone Number	Years Acquainted
1. _____		
2. _____		

I hereby certify that, to the best of my knowledge, all the above information is true, correct and complete as of this date. An application fee of \$10 accompanies this application. Upon acceptance into the Manor Volunteer Fire Department, dues are required. The \$10 dues are payable within the first 2 months after acceptance.

I _____ agree in addition to, if applicable, my firefighting duties & training put in a minimum of four (4) hours per month in fundraising activity and other non-firefighter duties.

Applicant Signature _____ Date: ___ / ___ / ___

Manor Volunteer Fire Department reserves the rights to do criminal background checks on all members.

Parent/Guardian:

I _____ as Parent/Guardian of _____ do hereby give permission for my child to participate in the Manor Volunteer Fire Department's Junior Firefighter program.

Parent/Guardian Signature _____ Date: ___ / ___ / ___

Manor VFD Use Only

Election Results: **Favorable / Unfavorable** Date Joined Dept: ___ / ___ / ___

Recommended by: _____ Date Left Dept: ___ / ___ / ___

President: _____ Secretary: _____

**Beneficiary Designation for Accident & Sickness Policy
For the Manor Volunteer Fire Department**

Members Name _____
Members Date of Birth _____ Date Member Joined Dept _____

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary there under heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share ____ %

Name _____ Relationship _____ Date of Birth _____ Share ____ %

Contingent

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share ____ %

Name _____ Relationship _____ Date of Birth _____ Share ____ %

If none of the above named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature: _____ Date: _____