

# 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 \$5 accompanies this application. Upon acceptance into the Manor Volunteer Fire Department, dues are required. The \$6 dues are payable within the first 2 months after acceptance.

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: \_\_\_\_\_