

***EAGLE  
FIRE & RESCUE***



***APPLICATION  
FOR  
MEMBERSHIP***

## **TO THE APPLICANTS OF EAGLE FIRE & RESCUE:**

- **To be a member of Eagle Fire and Rescue, applicant must live or work within the Eagle Fire District. Proof of residency or employment must be provided with application.**
- **Applicant must submit a copy of actual driver's license along with application.**
- **Applicant must provide copies of ALL certifications along with application**
- **For communication purposes with our members, applicant must possess either a cellular phone with texting capabilities and/or a regularly checked email account**
- **The applicant's application will go through an approval process. Once application with supporting documents is received by EFR, applicant will be contacted to schedule an interview date and time with the EFR officers.**
- **If the EFR officers approve the applicant, then applicant's membership must still be approved by a majority of current EFR members at an EFR business meeting held on the 2<sup>nd</sup> Monday of each month at 7:00pm.**
- **Once the applicant has been approved by the current members, then applicant's application will be reviewed by the Village of Eagle and must be approved for membership at a Village of Eagle Board Meeting occurring twice per month.**
- **Once applicant is approved at Village Board Meeting, applicant will be contacted within 7 days for orientation.**

**Thank you for your interest in Eagle Fire and Rescue,**

**Sincerely,**

**EFR Officers**

**EAGLE FIRE & RESCUE  
APPLICATION FOR MEMBERSHIP**

**GENERAL INFORMATION:**

Name (Last, First, M.I.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

U.S. Citizen? : YES/NO

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cellular: \_\_\_\_\_ Email: \_\_\_\_\_

Are you 19 years of age or over? YES/NO

**Position Applying For:**

(check all that apply) FIRE \_\_\_\_\_ RESCUE \_\_\_\_\_ ADMIN \_\_\_\_\_

**CERTIFICATIONS:**

**Do you have the following certifications:**

Healthcare Provider CPR: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

First Responder: EMT-B / EMT-I / EMT-P / Other: \_\_\_\_\_

Are you nationally registered (NREMT)? YES/NO – License # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

If no, with which state are you currently licensed? \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date of license: \_\_\_\_\_

Please list where you received your training:

\_\_\_\_\_

**EAGLE FIRE & RESCUE  
APPLICATION FOR MEMBERSHIP – CONT'D**

**CERTIFICATIONS – CONT'D**

Firefighter 1: YES/NO

Firefighter 2: YES/NO

Where did you receive your FF1 and/or FF2 education:

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**EDUCATION**

High School/GED: YES/NO Location: \_\_\_\_\_

College: \_\_\_\_\_

Major/Course of Study: \_\_\_\_\_

Additional Education: \_\_\_\_\_

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**MILITARY**

Have you served in the military? YES/NO – Branch: \_\_\_\_\_

Reserve status: \_\_\_\_\_

Applicable training received: \_\_\_\_\_

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**EAGLE FIRE & RESCUE  
APPLICATION FOR MEMBERSHIP – CONT'D**

**EMPLOYMENT**

Are you employed: YES/NO

Employer : \_\_\_\_\_

Type of industry: \_\_\_\_\_

Address: \_\_\_\_\_

How long at current employer: \_\_\_\_\_

Work Schedule (Please provide detail): \_\_\_\_\_

\_\_\_\_\_

Specific Duties: \_\_\_\_\_

Does business take you out of town: YES/NO – If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you anticipate any changes in your employment in the near future:  
YES/NO - If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**SUPPLEMENTAL QUESTIONS**

Do you have friends or relatives on Eagle Fire and Rescue? YES/NO - If  
yes, who: \_\_\_\_\_

Have you ever been on Eagle Fire and Rescue or previously applied for  
membership? YES/NO - If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**EAGLE FIRE & RESCUE  
APPLICATION FOR MEMBERSHIP – CONT'D**

Describe any additional training or qualifications that are applicable : \_\_\_\_\_

\_\_\_\_\_

Do you have any previous fire or rescue experience? \_\_\_\_\_

\_\_\_\_\_

Why do you want to become a member of Eagle Fire and Rescue? \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony: YES/NO If yes, please explain:

\_\_\_\_\_

What hours are you available to respond to calls:

Monday: \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday : \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

Are there times of the year where your availability changes ? \_\_\_\_\_

\_\_\_\_\_

Do you have family or personal commitments such as childcare or extracurricular activities that will prevent you from serving?

\_\_\_\_\_

Eagle Fire and Rescue meets the first Monday of each month at 7:00pm for training. You are required to attend all training during your 6 month probation period and thereafter you will be required to attend 75% of all trainings. Are you available to do this? \_\_\_\_\_

**EAGLE FIRE & RESCUE  
APPLICATION FOR MEMBERSHIP – CONT'D**

**EMERGENCY CONTACT**

NAME \_\_\_\_\_  
CONTACT INFO: \_\_\_\_\_

NAME: \_\_\_\_\_  
CONTACT INFO: \_\_\_\_\_

**REFERENCES**

References may be contacted:

Family reference not living with you:

NAME \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

Co-worker/Friend/Fire Dept. member reference:

NAME \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

**EAGLE FIRE & RESCUE  
APPLICATION FOR MEMBERSHIP – CONT'D**

**I attest that my answers herein are true and complete to the best of my knowledge. I understand that any false or misleading information provided may result in my disqualification as an applicant, or if accepted for membership, dismissal from the department. I have been provided a copy of the bylaws and understand and agree to the conditions for membership as outlined.**

**Applicant Signature:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

Below this line for Department Use Only \_\_\_\_\_

Date of Application: \_\_\_\_\_

Date of Officer Interview: \_\_\_\_\_

Date of EFR member approval: \_\_\_\_\_

Date of Village Board Approval: \_\_\_\_\_

Date Insurance Effective: \_\_\_\_\_

Date of Orientation: \_\_\_\_\_

Date probationary membership begins: \_\_\_\_\_

Date Probationary membership ends: \_\_\_\_\_





**Arch Insurance Company**

**Beneficiary Designation Form**

Use this form to designate a beneficiary(ies) for your Accidental Loss of Life Benefit Amount. See page 2 for important information on choosing beneficiary(ies). Complete a new form if you want to designate a new or additional beneficiary(ies).

**Policyholder Name and Address**

Name \_\_\_\_\_

Address \_\_\_\_\_

**Insured Information**

Insured Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security Number \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

**Beneficiary Information**

I am: (Please check appropriate box.)

Designating a beneficiary(ies) for the first time  Changing a previous designation

Primary Beneficiary(ies) Full Name (Last, First, MI)	Address	Birth Date	Social Security	Relationship to	Share %

Contingent Beneficiary(ies) Full Name (Last, First, MI)	Address	Birth Date	Social Security	Relationship to	Share %

**Authorization**

For the beneficiary designation(s) I have indicated, I understand that if one of my primary beneficiaries is not living when the benefit is paid, the amount will be divided equally among any remaining beneficiaries. I also understand that no amount will be paid to a contingent beneficiary as long as at least one of my primary beneficiaries is living. I understand that I must complete a new Beneficiary Designation Form if I want to change or revoke my beneficiary designation.

Insured Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make a copy of this form for your records and return the original.  
(over)

**Authorization**

Designate a primary and contingent beneficiary for insurance coverage. Refer to the sample wording below for guidance. A contingent beneficiary receives payment in the event the primary beneficiary dies before you do. If you want more than one person to be your beneficiary, please indicate the percentage of the benefit each one should receive (must add up to 100%). If a beneficiary dies before you, his or her benefits will be shared equally among any remaining beneficiaries. Attach a separate signed and dated sheet of paper if you need more space. If you have a change in your family status (such as marriage; divorce; or the birth of a child), you may want to update your beneficiary designations.

**Sample Beneficiary Designations**

Type of Beneficiary	Sample Wording
One beneficiary.....	Doe, John A.; Birthdate; SSN; Husband; 100%
Two beneficiaries.....	Doe, Mary A.; Birthdate; SSN; Mother; 50% Doe, Rich B.; Birthdate; SSN; Father; 50%
Two beneficiaries in unequal shares.....	Doe, Amy J.; Birthdate; SSN; Mother; 75% Doe, Mark F.; Birthdate; SSN; Father; 25%
Three or more beneficiaries in unequal shares.....	Doe, Paul A.; Birthdate; SSN; Father; 75% Doe, James B.; Birthdate; SSN; Brother; 25% Doe, Jaclyn C.; Birthdate; SSN; Sister; 25%
Mark Doe, trustee under trust agreement; Jane Doe Revocable Trust; xxx Main Street; Any Town, State 00000; Dated Month day, year; and amendments or supplements thereto. Any payment to the trustee shall discharge the Plan from any and all liability to the extent of such payment.	

If your beneficiary designations do not fit within the tables on the front of this form, feel free to write the appropriate designation(s) on a separate sheet of paper. Sign and date the separate sheet and attach it to this form.

- All beneficiary designations **must be legible and written in ink.**
- The beneficiary’s name must always be shown in full (Last; First; MI), and the relationship to you must be stated.
- If the designated beneficiary is not related to you, the relationship should be “friend.”
- The beneficiary section should never contain corrections or crossed-out words.
- The beneficiary designation should be specific. It should not include wording such as “either/or” ; and/or.”
- Your right to designate a beneficiary is subject to applicable state law.

**Note: For specific legal implications regarding beneficiary designations, contact your attorney.**