

Log Hill Volunteer Fire Department

434 Ponderosa, Ridgway, CO 81432

Application for Membership

Please Print

Full Name _____

Address _____

E-Mail: _____ **Birth Date** _____

Telephone: Cell Phone _____

Work Phone _____

Home Phone _____

Social Security Number _____

Drivers License Number _____ **State** _____

Emergency Contact:

Name _____

Cell or Home Phone _____

Work or Other Phone _____

Background in Emergency Service Work (Fire, Law Enforcement, Medical)

Sponsor's Name _____

Date of First Training Session _____

By my signature below, I verify all information I provided on this application,

Signature _____ **Date** _____

Application for Membership: Log Hill Volunteer Fire Department

Criminal History: False or incomplete information on this application can be grounds for denial or termination. A criminal record does not necessarily make you ineligible for service as a volunteer in the Log Hill Volunteer Fire Department.

Please Answer each question Yes or No	No	Yes
1. Have you <i>EVER</i> been arrested, charged or convicted of any felony?		
2. Have you <i>EVER</i> been arrested, charged or convicted of any misdemeanor?		
3. Have you <i>EVER</i> been incarcerated in a correctional facility or jail?		
4. Are there any charges pending against you for any criminal offense?		

If "yes", complete below (attach additional explanation if necessary).

Month/ Year	Offense	Disposition	Arresting Agency	City	State

In accordance with the Constitution and By-Laws of the Log Hill Mesa Fire Protection District, the qualification requirements for Fire Department membership are:

1. At least eighteen (18) years of age.
2. Apply for membership and serve up to twelve (12) month probationary period. The minimum requirements during the probationary period are:
 - a. Amass at least thirty-six (36) training hours; and
 - b. Meet additional requirements as specified in the Minimum Standard Operating Guidelines.
3. Report without delay, to your assigned fire station when summoned for fire or other emergency.
4. Understand and comply with all provisions of the membership policy.

If accepted for active membership with the LHVFD after the above described probationary period, your Date of Service will be the date of your first attendance at a regular or special training session of the Department.

Regular Training Sessions are First and Second Tuesday of each month 6:30 pm to 9:30 pm.



Beneficiary Designation for Accident & Sickness Policy

Complete this block each time this form is used—Please Print

Name of Organization _____ State _____

Member's /Employee's Name _____

Member's Date of Birth _____ Date Member Joined Organization _____

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 thereunder 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 (Please refer to back of form for examples)

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 _____

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis.

C01:008A (11/05)

Specifying Beneficiaries

Individual (always show relationship to the insured)	*Primary Beneficiary	**Contingent Beneficiary	Second Contingent Beneficiary
One Beneficiary	Jane Ann Jones, wife, 100%	(leave blank)	(leave blank)
One Primary Beneficiary and one Contingent Beneficiary	Jane Ann Jones, wife, 100%	David Lee Jones, son, 100%	(leave blank)
Two primary beneficiaries and one contingent beneficiary	Arthur Leo Jones, father, 50% Grace Hays Jones, mother 50%	Marie Jones Ford, sister, 100%	(leave blank)
One Primary Beneficiary, unnamed children as first Contingent Beneficiary and two second Contingent Beneficiaries	Jane Ann Jones, wife, 100%	Children born of my marriage to Jane Ann Jones, to share equally	Arthur Leo Jones, father, 50% Grace Hays Jones, mother, 50%
Unequal distribution (always use percentages)	Grace Hays Jones, mother, 50% Mary Jones Ford, sister, 25% William Roger Jones, brother, 25%	Surviving Primary Beneficiaries share equally in the portion designated for any Beneficiary(ies) who predeceases the insured	(leave blank)
Insured's Estate	Executors, Administrators or Assigns of the Insured	(leave blank)	(leave blank)

* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

** Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.

