

Bahama Volunteer Fire Department



Membership Application

Welcome to the Bahama Volunteer Fire Department. We appreciate your interest in joining our organization. Fire service is an exciting and rewarding profession that we hope you will enjoy. There are a few documents, however, that you must provide us with and complete for your membership requirements. The necessary documents are as follows:

1. **COMPLETELY** fill out the entire application.
2. Have your doctor complete and sign the General Medical Statement Form.
3. Complete, sign, and date the VFIS Beneficiary Designation Form.
4. Submit a copy of your most current driver's license.
5. Submit a copy of your social security card
6. Submit a certified true copy of your driving record, which is obtainable at www.ncdot.gov.
7. Submit a certified copy of your criminal history (less than 60 days old), which is obtainable at the magistrate's office.
8. If you have not resided in NC for the past five consecutive years then you must be fingerprinted at the Durham County Sheriff's Office. (information will be provided)
9. Sign and date your Bloodborne Pathogens form
10. Complete, sign, and date your Hepatitis Vaccination form.
11. Submit copies of fire and EMS Certificates you currently hold.

Once you have submitted all the above requirements you will have completed the application process. A committee will then review your application packet and will notify you of your membership status. While completing these requirements, you may begin attending training drills at the department. You must attend at least four training drills to receive your turnout gear and fire pager. Thank you for your time and interest in the Bahama Fire Department.

I have read and fulfilled the above requirements for joining the Bahama Fire Department. I hereby certify that all answers and statements on my application and other mandatory documents are true. I understand that the objective of this department is to preserve life and property from fire and medical emergencies, as well as serving the community. I will abide by these objectives and understand that falsification of any of the above documents is grounds for refusal of membership or dismissal from the department. I will always conduct myself as a representative of the Bahama Volunteer Fire, Rescue, and EMS Co. Inc. and abide by the articles, bylaws, and Standard Operating Guidelines set forth.

Applicant's Signature: _____ Date: _____

Position Applied For (Darken Circle): Volunteer Part-Time Auxiliary

Personal Information Section

Last Name: _____ First Name: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ - _____ - _____

Home Phone:(____) _____ Work Phone:(____) _____ Mobile:(____) _____

Email Address: _____

Date of Birth: ____/____/____ Marital Status: Single Married

Driver's License: Issued In North Carolina? Yes No License Class: _____

Driver's License Number: _____ Expiration Date: ____/____/____

Family Information Section

Spouse Information: (Full Name)

Name: _____ DOB: ____/____/____ SS# _____ - _____ - _____

Emergency Contact Section

Emergency Contact Name: _____

Phone #: (____) _____ - _____ Email: _____

Relationship To You: _____

Reference Section

References: On the space provided below, please list at least two references, other than relatives, who can attest to your character, ability, and/or qualifications.

Reference 1:

Name: _____

Phone:(____) _____

Mobile: (____) _____

Relationship: _____

Reference 2:

Name: _____

Phone:(____) _____

Mobile: (____) _____

Relationship: _____

Affirmation Section

I have completed this application to the best of my knowledge and ability. I certify that all answers and statements on this application are true. I understand that the reference section and employment history do not necessarily prevent me from becoming a member of this department. I also understand that any falsifications on this application will exclude me from becoming a member of this department.

Applicant's Name (PRINTED) _____

Applicant's Signature: _____ Date: _____



BENEFICIARY DESIGNATION FORM

This form may be used for multiple Policies when designating the same beneficiary. Use a separate form when designating different beneficiaries for each Policy.

Indicate one of the following:

New Insured
 Beneficiary Change
 Name Change: From: _____

Complete all of the following information:

Policyholder Name and Policy Number(s) <i>(Emergency Service Organization Name)</i>	
<input type="checkbox"/> _____ Policyholder _____	Policy Number _____
<input type="checkbox"/> _____ Policyholder _____	Policy Number _____
<input type="checkbox"/> _____ Policyholder _____	Policy Number _____
<input type="checkbox"/> _____ Policyholder _____	Policy Number _____
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____	

Last Name: _____	First Name: _____	MI: _____
Date of Birth: _____	Date of Membership: _____	Social Security Number: / /

I hereby designate the following beneficiary(ies) to receive any death benefit proceeds payable under the policies checked above. If this form represents a change of beneficiary, the present beneficiary designation(s) are terminated and the following designation(s) made:

BENEFICIARY DESIGNATION – Primary Class <input type="checkbox"/> Mark if additional beneficiaries are listed on a separate paper and attached. (Name, address, phone number and/or email address of beneficiaries)	Relationship to Insured	Date of Birth	Percent <small>(Must equal 100%)</small>
BENEFICIARY DESIGNATION – Contingent Class (Name, address, phone number and/or email address of beneficiaries)	Relationship to Insured	Date of Birth	Percent <small>(Must equal 100%)</small>

MINOR OR ESTATE AS BENEFICIARY: If death occurs and a minor child (a person under the age of majority) or your estate is designated as beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This could mean legal expenses for the beneficiary and possible delay in the payment of any death benefit. Please take this into consideration when designating your beneficiary.

Insured's Signature: _____ Date: _____

Sample wording for Beneficiary Designations

Class	Relationship to Insured	Percent
One Beneficiary of a class Jane Ann Jones	Spouse	100%
Two or more Beneficiaries of a class: Arthur Leo Jones Grace Hays Jones	Father Mother	50% 50%
Unnamed Children: Children of the Named Insured		Split Equally
Unequal distribution: Grace Hays Jones Mary Jones Ford William Roger Jones	Mother Sister Brother	50% 25% 25%
Insured's Estate	Executors or Administrators of the Insured's Estate	

This form should be retained by the Policyholder with a copy to the insured.

* 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.

Beneficiary/Name Change

General Medical Statement Form

This form is to be filled out by a certified doctor or physician for you, as a current or new member of the department, to participate in or around emergency calls or training.

For the signing doctor or physician:

As you probably know, the job as a firefighter or emergency responder is a very demanding and rigorous occupation, whether paid or volunteer, placing the responder in high-stress and dangerous situations from time to time. The job may require the responder to encounter heights, extreme temperatures (high or low) and possible contact with hazardous chemicals and bloodborne pathogens. This occupation also requires the responder to climb ladders, wear SCBA (self-contained breathing apparatus), and lift heavy objects such as ambulance stretchers or equipment. This form is designed to help inform the Chief of the department as to the general health and fitness of the responder.

Responder's Name: _____

Responder's Social Security Number: _____

I hereby certify that the above-named responder should be able to fulfill the above qualifications of a firefighter/ medical emergency responder. I also believe this responder is in an appropriate state of health and physical fitness that he/she will pose little threat to themselves or other emergency responders.

Signed: _____ **ID#** _____

Doctor/Physician

Date: _____

Comments/limitations:

Chief's Signature: _____ Date: _____

Hepatitis Form

This form is to be completed by **all** applicants and current personnel. Bahama Fire, Rescue, and EMS Company Inc. has a strict policy that mandates that all Bahama personnel must receive the Hepatitis “B” vaccination within one (1) year of acceptance into the department. The vaccination consists of a series of three (3) shots that are given in three-month increments. Bahama has created this policy of mandatory Hepatitis shots because of the high probability of personnel encountering patients suffering from this disease.

I have read and understand the above policy on mandatory Hepatitis vaccinations. I also give my permission for the shots to be given to me by a designated, qualified person.

Name: (please print) _____

Signature: _____ Date: _____

Parent/Legal Guardian’s Signature (if applicable): _____

Date: _____

Vaccination Record

1st Shot Date: _____ Technician: _____

2nd Shot Date: _____ Technician: _____

3rd Shot Date: _____ Technician: _____

Bloodborne Pathogens Form

Bloodborne pathogens is a class with required annual updates that all members and prospective members of the department **must** have attended to answer **any** calls, whether fire or EMS. The initial class takes approximately 8 hours to complete, and the annual updates last about three hours. This class gives fire department members new information regarding communicable diseases and infection control procedures that may affect all areas of emergency services. Once again, this class is **mandatory** for all members of the Bahama Fire Department. This class is taught regularly at most of the county fire departments and at EMS base, which is located at Durham Regional Hospital. Future bloodborne pathogens classes are usually posted at the fire department.

I have read and understand that the bloodborne pathogens class is a mandatory class that I must attend in order to respond to any calls with Bahama Fire & Rescue. I also understand that I must attend an annual update every year to continue responding to calls with this department. Furthermore, if I choose not to attend the initial or annual re-certification class, I will take full responsibility for my actions, and Bahama Fire & Rescue will not allow me to respond to calls until I have met the requirements for the Bloodborne Pathogens class.

Name: (PRINT CLEARLY) _____

Signature: _____ Date: _____

Bahama Volunteer Fire Department Mission Statement

“The primary mission of Bahama Fire, Rescue, and EMS company Inc. is to protect the life and property of the citizens we serve by responding to all emergencies while maintaining a positive image through training and community involvement.”

