



Eddy County Fire & Rescue Training and Administration Complex
1400 Commerce Dr. Carlsbad, NM 88220
Office: (575) 628-5450
Fax: (575) 628-3973

EDDY COUNTY VOLUNTEER FIRE DEPARTMENT MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY AND DO NOT LEAVE ANY BLANKS.

Application for: _____ Fire Department
Name: _____ Phone: _____
Home Address: _____
Email Address: _____ Emergency Contact Name & Number: _____
Employer: _____ Occupation: _____
Employer Address: _____

Firefighting involves a stressful work environment where an individual is subject to extreme temperatures and life threatening situations. The following abilities are **EXPECTED** of members of the volunteer fire department; please indicate if you are able to perform the duties listed:

- Lift equipment weighing fifty (50) pounds and carry for a distance of one hundred (100) feet. Yes ___ No ___
- Walk, kneel, stand, and crawl while wearing bunker gear and SCBA. Yes ___ No ___
- Perform tasks in extreme temperatures, while wearing protective equipment. Yes ___ No ___
- Listen to, understand, and carry out orders in emergency situations. Yes ___ No ___
- Function within a wide range of unregulated environmental conditions. Yes ___ No ___
- You are not required to disclose information about your physical or mental limitations that you believe will not interfere with capability to perform the duties of a firefighter, yet if you wish for the department to consider special arrangements to accommodate a physical or mental impairment, please identify that impairment and furnish suggestions for appropriate accommodations in the space provided.

List any previous firefighting or related experience (Please include copy of certifications): _____

List the name and phone number of three References:



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EDDY COUNTY VOLUNTEER FIRE DEPARTMENT MEMBERSHIP APPLICATION (cont'd)

PLEASE PRINT CLEARLY AND DO NOT LEAVE ANY BLANKS.

Are you currently a member of any other fire department?

Yes ___ No ___ If Yes, please list: _____

Are you a resident of or employed with in the fire district to which you are applying for membership?

Yes ___ No ___

Are you willing to respond to fires, attend department meetings, trainings, and drills? Yes ___ No ___

I, _____, do hear by swear that the above listing information is true and correct.

Signature: _____ Date: _____

IMPORTANT: Uniform Size

Shirt Size: _____

Pant Size: _____

If any of the sizing needs to be explained, please note that here:



Eddy County Fire & Rescue

Code of Conduct

I understand that I have the responsibility to conduct myself in a manner that reflects proper ethical behavior and integrity. In so doing, I will help foster a continuing positive public perception of the fire service. Therefore, I pledge the following...

1. Always conduct myself, in a manner that reflects positively on myself, my department and the fire service in general.
2. Accept responsibility for my actions and for the consequences of my actions.
3. Support the concept of fairness and the value of diverse thoughts and opinions.
4. Avoid situations that would adversely affect the credibility or public perception of the fire service profession.
5. Be truthful and honest and report instances of cheating or other dishonest acts that compromise the integrity of the fire service.
6. Conduct my personal affairs in a manner that does not improperly influence the performance of my duties or bring discredit to my organization.
7. Be respectful and conscious of each member's safety and welfare.
8. Recognize that I serve in a position of public trust that requires stewardship in the honest and efficient use of publicly owned resources, including uniforms, facilities, vehicles and equipment and that these are protected from misuse and theft.
9. Exercise professionalism, competence, respect and loyalty in the performance of my duties and use information, confidential or otherwise, gained by virtue of my position, only to benefit those I am entrusted to serve.
10. Avoid financial investments, outside business interests or activities that conflict with or are enhanced by my official position or have the potential to create the perception of impropriety.
11. Never propose or accept personal rewards, special privileges, benefits, advancement, honors or gifts that may create a conflict of interest.
12. Prior to, or while performing duties, never engage in activities involving alcohol or other substance use that can impair my mental state, performance, or compromise safety.
13. Never discriminate on the basis of race, religion, color, creed, age, marital status, national origin, ancestry, gender, sexual preference, medical condition or handicap.
14. Never harass, intimidate or threaten fellow members of the service or the public and stop or report the actions of other firefighters who engage in such behaviors.

Name (print): _____

Signature: _____

Date: _____

MINOR'S RELEASE OF INFORMATION
PLEASE PRINT CLEARLY AND DO NOT LEAVE ANY BLANKS

WHEREAS, _____, a minor _____ years of age has completed an application with Eddy County, NM to serve as a volunteer firefighter with one or more of the Eddy County Volunteer Fire Districts/Departments; and

WHEREAS, it is incumbent upon the County to determine the acceptability of an Applicant for a position with a volunteer fire district/department, prior to being accepted as a volunteer firefighter for the County, and;

WHEREAS, the Applicant herein is a Minor, and in order to determine the acceptability of the Minor applicant, it is necessary and required the Applicant's parent(s) and/ or legal guardian(s), as well as the Minor, consent to the Minor being allowed to serve as a volunteer firefighter and to undertake an investigation as necessary to determine the minor's suitability to serve in such capacity;

NOW, THEREFORE, THIS RELEASE WITNESSETH:

RELEASE OF INFORMATION:

We, _____,
parent(s) and/or guardian(s) of said minor, have given our consent for _____,
to serve as volunteer firefighter for Eddy County, NM, and we/I said parent(s) and or guardian(s), acting in our several and individual capacities and as parent(s) and/or guardian(s) of said minor, and
_____, said minor for himself/herself. In connection with the Application process undertaken by the County in determining whether the Application should be granted:

I/We on behalf of the Minor named above, consent and hereby authorize Eddy County, NM, by means of Eddy County Sheriff's Department, the police departments, or other entity/person who is suitable to and chosen by the County, to investigate the Minor's past and present work, characters, credit record, former employment, and police records to ascertain any and all information which may concern his/her suitability for serving as a volunteer firefighter with Eddy County, NM.

I/We consent to your release of any and all public and private information that you may have concerning said minor, his/ her work record, background and reputation, military service records, educational records, financial status, criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against said Minor, the records or recollections of attorneys at law, or other counsel, whether representing the Minor or another person in any case, either criminal or civil, in which the Minor presently has, or has had an interest, attendance records, polygraph examinations, and any other internal affairs, investigations, and discipline, including any files which are deemed to be confidential, and/or sealed.

I/We direct you to release such information upon request of the duty accredited representative of the County of Eddy, NM regardless of any agreement made with you previously to the contrary. The release of any and all information is authorized whether same is of record or not and I/We do hereby, release all persons, firms, agencies, companies or groups, whomsoever, from any damages because of, or resulting from, furnishing such information to the Eddy County Sheriff's Department, the Eddy County Human Resources Department, the County government, and its employees from any damages or claims which may otherwise result from use or release of such information.

Minor's Information

Name: _____ Phone # _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Minor's Information (Continued)

Date of Birth: _____ Social Security #: _____

Place of Birth:

City: _____ State: _____

Driver's License #: _____ State: _____

Other Last Names Used: _____

Parent(s)/Guardian(s) Information (1)

Name: _____ Phone#: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____

Place of Birth:

City: _____ State: _____

Driver's License #: _____ State: _____

Parent(s)/Guardian(s) Information (2)

Name: _____ Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____

Place of Birth:

City: _____ State: _____

Driver's License #: _____ State: _____

MUST BE SIGNED IN FRONT OF A NOTARY

Minor Applicant Signature: _____ Date: _____

Parent/Guardian Signature (1): _____ Date: _____

Parent/Guardian Signature (2): _____ Date: _____

State of _____)

: ss

County of _____)

The foregoing Release was acknowledged before this _____ day of _____, 20_____, by

_____ as Parent(s)/Guardian(s) for

_____, who is also acknowledged the same before me.

Notary Public

My Commission Expires:

MINOR'S RELEASE OF LIABILITY
PLEASE PRINT CLEARLY AND DO NOT LEAVE ANY BLANKS

WHEREAS, _____, a minor _____ years of age has completed an application with Eddy County, NM to serve as a volunteer firefighter with one or more of the Eddy County Volunteer Fire Districts/Departments; and

WHEREAS, after review and consideration, Eddy County has approved the application of _____ and is willing to allow said Minor to as a Volunteer Firefighter for the County; and

WHEREAS, it is incumbent upon the County to apprise the Minor and his/her Parent(s)/Guardian(s) of the limitations and responsibilities attendant to _____ being allowed to serve as a Volunteer Firefighter for Eddy County, NM which has been done; and

WHEREAS, the Firefighter is a Minor and as part and parcel to said Minor being allowed to serve in such capacity, the County requires a Release of Liability to be executed by the Minor, as well as his/her Parent(s)/Guardian(s);

NOW, THEREFORE, THIS RELEASE WITNESSETH:

RELEASE OF LIABILITY:

We, _____,
parent(s) and/or guardian(s) of said minor, have given our consent for _____

to serve as volunteer firefighter for Eddy County, NM, and I/we said parent(s) and or guardian(s), acting in our several and individual capacities and as parent(s) and/or guardian(s) of said minor, and

_____, said minor for himself/herself, in consideration of being allowed to serve as an Eddy County, NM volunteer firefighter as above indicated, do hereby forever release and discharge Eddy County, NM, County employees, and County associates in joint operations, from any and all claim of liability, direct or indirect, for damages resulting from injuries, which may be received by said minor while serving in such capacity indicated above, or in any other capacity, by either the aforesaid Eddy County, NM, by any party operating properties in the operation of which Eddy county, NM is interested, or any entity, company, or association controlled by it, whether such injuries be due to accident or to carelessness on the part of said minor or any other person, volunteer, or employee, and we do hereby declare that it is our purpose and intent to release Eddy County, NM its subsidiary companies, employees, and associates in joint operation from all claims for loss and damage of all character and description including, among others, claims for loss or damage resulting from death, loss of service, loss of support, loss of earning capacity, loss growing out of disability, as well as for damages for pain and suffering resulting directly or indirectly from any kind of injury.

It is expressly understood, however, that Eddy County, NM has in every way complied with the laws relating to providing proper insurance for payment of compensation to its injured volunteer firefighters, and it is not the intent of this agreement to impair or abridge the rights of said minor or his/her heirs under said laws; but said laws, with the insurance hereunder provided, are to be taken as the sole and exclusive remedy by said minor or his/her heirs for any and all injuries received in the course of above mentioned volunteer firefighter service.

It is further understood and agreed by the parties hereto that all payments due to said minor by virtue of service rendered is conformity with such service as a volunteer firefighter for the County shall be entered to the credit of and paid to said minor, and the said County is authorized to pay over to him/her or his/her order any amount due to him/her, and his/her receipt or order shall be binding upon all parties hereto.

Minor's Information

Name: _____ Phone#: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Minor's Information (Continued)

Date of Birth: _____ Social Security #: _____

Place of Birth:

City: _____ State: _____

Driver's License #: _____ State: _____

Other Last Names Used: _____

Parent(s)/Guardian(s) Information (1)

Name: _____ Phone#: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

_____ Date of Birth: _____

Place of Birth:

City: _____ State: _____

Driver's License #: _____ State: _____

Parent(s)/Guardian(s) Information (2)

Name: _____ Phone#: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

_____ Date of Birth: _____

Place of Birth:

City: _____ State: _____

Driver's License #: _____ State: _____

MUST BE SIGNED IN FRONT OF A NOTARY

Minor Applicant Signature: _____ Date: _____

Parent/Guardian Signature (1): _____ Date: _____

Parent/Guardian Signature (2): _____ Date: _____

State of _____)

: ss

County of _____)

The foregoing Release was acknowledged before this _____ day of _____, 20_____, by

_____ as Parent(s)/Guardian(s) for

_____, who is also acknowledged the same before me.

Notary Public

My Commission Expires:

Member Enrollment for Volunteer Firefighters

PLEASE PRINT CLEARLY

Instructions: Please print or type in dark ink. This form must be completed in its **entirety** and returned to PERA along with the appropriate Qualification Record form(s). Strikethroughs and correction fluid/tape are not permitted.
Please keep copies for your VFD's records.

Section 1

Information About the Volunteer Firefighter (VF)

Social Security Number or PERA ID		Name (First, Middle Initial, Last)	
<input type="checkbox"/> Female <input type="checkbox"/> Male	Phone Number	Would you like direct correspondence by E-mail? If so, include E-mail Address	
Mailing Address		City	State Zip Code
Date of Birth	City of Birth	State of Birth	
Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
Have you ever been a PERA Member: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 2

Information About the VF Member's Spouse*

*To be completed by a married VF member.

Spouse's Name	Spouse's SSN	Spouse's Date of Birth
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Section 3

VF Member Certification

I hereby declare that all the above information is true and complete to the best of my knowledge. It is my responsibility to keep my information current with PERA.

Signature of VF Member	Date
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Section 4

VFD Fire Chief Certification*

*To be completed by the VFD Fire Chief.

Please copy the completed application for your VFD file and for the VF member.

Name of Volunteer Fire Department (VFD)	PERA VFD Number	Start Date (mm/dd/ccyy)
VFD Email Address	VFD Phone Number	
VFD Chief's Printed Name		

I certify that the above-named individual is a Volunteer Firefighter of the VFD as of the date listed above.

Signature of VFD Chief	Date
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PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE AND SOCIAL SECURITY CARD.