



Eddy County Search and Rescue Membership Application

Name: _____ Cell Phone: _____

Home Address: _____

Home Phone: _____ Email Address: _____

Employer: _____ Occupation: _____

Employer Address: _____

Eddy County Search and Rescue (EC SAR) is a first responder organization based in Carlsbad, NM. The team's primary mission is to provide search and rescue services and resources for Eddy County, NM and for the State of New Mexico. We also have a secondary mission to provide support to Eddy County Fire Service activities and missions as requested and appropriate.

Search and Rescue requires work in stressful situations and environments. We expect team members to be able to work during varying hours and weather. The following abilities are expected of members of Eddy County SAR:

- Capable of being in the field for 24 hours, self-sustaining.
- Perform tasks in a safe manner and not endanger others.
- Carry a 10-pound pack for one mile.
- Listen to, understand and carry out orders in emergency situations.
- Function within a wide range of unregulated environmental conditions.
- Willing to respond to missions, attend EC SAR meetings and trainings.

Applying for: Full Team Member Auxiliary Team Member (please circle one)

Please list any previous search and rescue related experiences, trainings, and certifications:

Please list the names and phone numbers of three references:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I, _____, do hereby swear that the above listed information is true and correct. (Please Print Name)

Signature: _____

Date: _____

MINOR'S RELEASE OF INFORMATION

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: _____

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: _____

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

Date of Birth: _____ Social Security #: _____

Place of Birth:

City: _____ State: _____

Driver's License #: _____ State: _____

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

Name: _____

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

Date of Birth: _____ Social Security #: _____

Place of Birth:

City: _____ State: _____

Driver's License #: _____ State: _____

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

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: _____

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: _____

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

Date of Birth: _____ Social Security #: _____

Place of Birth:

City: _____ State: _____

Driver's License #: _____ State: _____

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

Name: _____

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

Date of Birth: _____ Social Security #: _____

Place of Birth:

City: _____ State: _____

Driver's License #: _____ State: _____

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:



PERA

Public Employees
Retirement Association
of New Mexico

33 Plaza La Prensa, Santa Fe, New Mexico 87507
(505) 476-9300 voice
(800) 342-3422 Toll-Free
www.nmpera.org

MEMBER ENROLLMENT FOR VOLUNTEER FIREFIGHTERS FORM

Instructions: The original of this form must be completed in its entirety and returned to PERA for processing.

Required fields are in ***BOLD ITALICS***. Please print clearly.

| MEMBER INFORMATION | | | |
|---|---------------------|--|--|
| <i>SOCIAL SECURITY NUMBER</i> | | | |
| <i>FIRST NAME</i> | <i>MI</i> | <i>LAST NAME</i> | |
| <i>Previous First Name</i> | | <i>Previous Last Name</i> | |
| <i>MAILING ADDRESS</i> | | | <i>HOME or CELL TELEPHONE NO.</i> |
| | | | BUSINESS TELEPHONE NO. |
| <i>CITY</i> | <i>STATE</i> | <i>ZIP</i> | <i>GENDER</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| <i>DATE OF BIRTH</i> | CITY OF BIRTH | | STATE OF BIRTH |
| <i>HAVE YOU EVER BEEN A PERA MEMBER?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <i>EMAIL ADDRESS</i> |
| | | | |
| MARITAL INFORMATION | | | |
| <i>CURRENT MARITAL STATUS (Check One)</i> <input type="checkbox"/> NEVER BEEN MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED | | | |
| SPOUSE'S NAME | | SSN | DATE OF BIRTH (mm/dd/ccyy) |
| | | | |
| MEMBER CERTIFICATION | | | |
| I hereby declare that all the above information is true and complete to the best of my knowledge. | | | |
| <i>SIGNATURE OF VOLUNTEER FIREFIGHTER</i> | | | <i>DATE</i> |
| | | | |
| VOLUNTEER FIREFIGHTER DEPARTMENT CERTIFICATION MUST BE COMPLETED BY THE FIRE CHIEF | | | |
| Please copy the completed application for the department's file and for the Volunteer Firefighter. Return the original form to PERA immediately upon completion with a copy of the Volunteer Firefighter's social security card and driver's license. | | | |
| <i>NAME OF VOLUNTEER FIREFIGHTER DEPARTMENT</i> | | | |
| <i>PERA VFD NUMBER</i> 09 _____ | | <i>START DATE</i> (mm/dd/ccyy) | |
| | | | |
| I certify that the above-named individual is a Volunteer Firefighter of this department as of the above date. | | | |
| <i>SIGNATURE OF FIRE CHIEF or DESIGNEE</i> | | <i>DATE OF SIGNATURE</i> (mm/dd/ccyy) | |
| | | | |
| <i>EMAIL ADDRESS</i> | | <i>BUSINESS or CELL TELEPHONE NO.</i> | |
| | | | |

December 2018

Please include a copy of your Driver's License and Social Security Card. Thank you!