APPLICATION FOR MEMBERSHIP

Name: _____ Date of Birth:____/____/_____ Age:_____

Any other names you have been identified as (i.e. Maiden name, aliases)? _____

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

SS#: _____ Home Phone #:_____ Cell Phone#:_____

Drivers License: _____ State: _____ E-mail:_____

Do you have any current points or restrictions on your license? YES NO

If yes, please explain: _____

In case of emergency, please notify:_____ Phone #:_____

Employer:_____ Address:_____

Phone #:_____ Occupation: _____

Any medical conditions or physical handicaps? YES NO If yes, explain in the space below:

Emergency Medical Information: Do you presently have any allergies or do you take medications at this time? YES NO

If yes, please record the appropriate information: _____

Have you ever worked for an ambulance service before? YES NO If yes, please specify name of squad, address and senior officer:_____

What is your reason for seeking membership with Deerfield Valley Rescue, Inc.?_____

At this time, I am currently certified as: ☐None ☐1st Responder ☐EMT ☐Other:_____ State:_____

Which level(s) of certification do you plan to pursue? Please check all that apply

☐1st Responder ☐EMT ☐Advanced EMT ☐Paramedic ☐CPR ☐Instructor

☐None Presently ☐Other:_____

Did a Deerfield Valley Rescue Inc. member refer you? YES NO If YES, who? _____

I attest the information contained with in this application is correct and factual. Any intentional misrepresentation may be deemed by the Commissioner of Health and/or the Deerfield Valley Rescue Board of Directors to be in violation of Vermont law, and may subject my certifications to conditions, suspensions, revocation or denial

I hereby wish to be accepted as a volunteer member of Deerfield Valley Rescue, Inc. I also agree to abide by all the Rules/Regulations and Bylaws as set forth by this organization. I grant permission for Deerfield Valley Rescue, Inc. to obtain any and all information with regard to a complete and personal background check as outlined in the accompanying forms.

_____ _____

Signature of applicant Date

DVR USE ONLY	Date	Initials/Signature
Application submitted	_____	_____
Background check to WPD/VCIC/OIG/NCIC/DAIL/Vt.Sex Offenders	_____	_____
Invited to next meeting	_____	_____
Accepted into membership	_____	_____

AUTHORITY FOR RELEASE OF INFORMATION

To Whom It May Concern:

I hereby authorize Deerfield Valley Rescue, Inc. or Wilmington Police Department to make a thorough investigation of my background, pursuant to the laws of the State of Vermont. I, _____, do hereby release from liability and promise to hold harmless from any liability, under any and all possible causes of legal action, opinions regarding my background or reputation.

I hereby authorize any Investigator, bearing this release or copy thereof, within one (1) year of its date, to obtain any information from schools, employers, criminal justice agencies, credit agencies, or individuals, relating to my activity. This information may include, but not limited to academic, attendance, persona history, disciplinary, arrest and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by Deerfield Valley Rescue, Inc and maybe be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

The undersigned herby authorizes any person of legal entity who may be contacted by Deerfield Valley Rescue, Inc. or Wilmington Police Department, agents or employees of DVR or WPD to release any information, data or opinions they may have regarding my background.

The undersigned further agrees to hold harmless and release from liability, under any and all possible causes of legal action, Deerfield Valley Rescue, and/or Wilmington Police Department, its officers, agents and employees, for any statements, acts or omissions in the course of its investigation into my background and reputation.

The purpose of furnishing said information is for use in making a determination as to my fitness for employment with Deerfield Valley Rescue, Inc.

This release from liability given by me to Deerfield Valley Rescue, Inc., and or the Wilmington Police Department, its officers, employees, agents and all others, as heretofore provided, shall apply to any right of action that might accrue to myself, my heirs and my personal representatives.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER

_____ _____

Applicant's full name Applicants signature

_____

Date

VERMONT CRIMINAL INFORMATION CENTER

NATIONAL CHILD PROTECTION ACT PROGRAM

FBI NATIONAL RECORD CHECK RELEASE FORM

Qualified Entity			
Applicant	Last	First	Middle
Maiden or Alias Names			
Social Security #	- -		
Place of Birth	City/Town	State	Country
Date of Birth	Month / Day / Year		
Applicant's Telephone #	Include Area Code and Number - -		

RELEASE

I, _____, hereby acknowledge and agree to a check of any criminal record of convictions which may be maintained by the FBI. I understand that the results of that check will be made available to _____ for use in reviewing my suitability for employment. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont, 05671-2101.

Signature of Applicant	Date
Identity verified by:	Date

NOTARY

_____ personally appeared before me and satisfied me that s/he is the person named in and who signed this Release Form. Thereupon s/he acknowledged the signing of this Release Form as his/her act and deed for the uses and purposes expressed in this document.

Printed Name of Notary	Notary Signature
Commission Number	Commission Expires

VFIS®

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.

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.