

GARDINER FIRE DEPARTMENT, INC.
P.O. Box 271
Gardiner, New York, 12525

<u>Official Use Only</u>
ID: _____
Voted In dept. date: _____
Probation should end: _____

APPLICATION FOR MEMBERSHIP

MEMBERSHIP TYPE (circle 1, 2 or 3)
<p>(1) REGULAR MEMBERSHIP (participates in any / all department, fire and rescue activities)</p> <p>or</p> <p>(2) CADET MEMBERSHIP (16 or 17 years old)</p>
<p>Application Received by (GFD person) : _____</p> <p>Date: _____</p> <p style="text-align: center;"><i>(please review application completeness)</i></p>

APPLICANT INFORMATION		
Print Last Name	Print First Name	Print MI
<p>If you have ever been known by any other name, please enter here? (Marriage etc.)</p> <p style="text-align: center;">(Necessary to enable a background check on your application)</p>		
Home Phone	Work Phone	Cell Phone
Number & Street	City, State, Zip	
Date of Birth	Age	Social Security #
Email Address		
<p>Do you reside within the Gardiner Fire District</p> <p>If NO explain:</p>		YES / NO
How long has applicant lived at the above address		
How long has applicant resided in New York State		

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<p>Are you a citizen of the United States If NO: Country of Citizenship: _____ If you are not a citizen of the United States, do you have the legal right to remain permanently in the United States? YES ____ NO ____</p>	<p>YES / NO</p>
<p>Are you currently employed Occupation: _____</p>	<p>YES / NO</p>

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APPLICANT INFORMATION

Please indicate your availability to participate in fire department activities
(meetings, drills, emergency calls)

Weekdays: Days _____ Nights

Weekends: Days _____ Nights

Have you ever been or are you affiliated with another emergency services organization; fire department, police agency, or emergency medical agency

YES /
NO

If YES;
on separate sheet

If you have other agencies, supply

Reason for leaving or termination?

Name of Agency _____

Address _____

Duties _____ Contact Person _____ Phone # _____

Note: NYS law prohibits an individual from belonging to more than one fire department at a time. Resignation or transfer letter(s) from previous department(s) is required for acceptance of this application. Rescue squads separate from fire departments are not included in this requirement.

Do you currently hold any valid Fire or EMS Certifications

YES /
NO

If YES; Provide with this application any current certifications.

REFERENCE INFORMATION

Please list three references; people who have known you for at least 3 years.
(non-fire department members)

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Name

Address

Phone

Name

Address

Phone

Name

Address

Phone

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MOTOR VEHICLE INFORMATION (if applicable)			
State	License #	Expiration Date	Class(s)
MOTOR VEHICLE DISCLOSURE			
<p>All applicants will be subject to a Department of Motor Vehicles check by the Gardiner Fire District. Please attach a copy of the front and back of your license</p>			
<p>Except for minor traffic violations or adjudications as a youthful offender, have you ever been convicted of an offense against the law? If YES; explain</p> <p>If NO; I have not been convicted of a crime or pleaded no contest to a felony charge involving murder, manslaughter, assault, sexual abuse, theft, robbery, fraud, embezzlement, drug abuse or sale of drugs. I have not been subject to a state or federal administrative order relating to fraud or embezzlement.</p> <p>Applicant's Signature: _____</p>			<p>YES / NO</p>

MEDICAL DISCLOSURE	
<p>Have you been treated by a medical doctor for any condition in the past 3 years?</p> <p>If YES; you have the right to explain in writing with this application or speak with the Investigating Committee.</p>	<p>YES / NO</p>
<p>Are you physically fit, able and willing to perform under the stressful nature of an Emergency service?</p> <p>If NO; you have the right to explain in writing with this application or speak with the Investigating Committee, you may be recommended to be an Associate Member.</p>	<p>YES / NO</p>
<p>Have you been treated by a psychologist or psychiatrist in the past 3 years?</p> <p>If YES; you have the right to explain in writing with this application or speak with the Investigating Committee.</p>	<p>YES / NO</p>

ARSON / SEX OFFENDER DISCLOSURE

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All applicants for membership to volunteer fire companies, or transfers from one company to another, must submit to an arson conviction record check by filling out a Division of Criminal Justice Services (DCJS) form designated for this purpose prior to election and acceptance as a new member. This form will be forwarded to the County Sheriff for processing through DCJS. (Required by New York State Executive Law Section 837-0)

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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____ (print name here), do hereby authorize a review of and full Disclosure of all records concerning myself to the Gardiner Fire Department, Inc. and/or the Gardiner Fire District, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of criminal history records by authorization and approved agency for the Gardiner Fire District.

I understand that any information obtained by a personal history background investigation that is developed directly or indirectly, in whole or part; upon this release authorization will be considered in determining my suitability for membership in the Gardiner Fire Department, Inc. and or the Gardiner Fire District. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information and I do hereby release said person(s) from any liability which may be incurred as a result of furnishing such information. I further release the Gardiner Fire Department, Inc. and the Gardiner Fire District from any and all liability, which may be incurred as a result of collecting such information.

A photocopy of this release will be valid as an original thereof, even though said photocopy does not contain an original of my signature.

I have read and fully understand the contents of the “Authorization for Release of Personal Information”

Applicant’s Signature: _____

INVESTIGATION COMMITTEE

After this application has been submitted to the department and it has been presented to the body you, as the applicant, will be required to meet with the INVESTIGATION COMMITTEE and the CADET PROGRAM MANAGER to discuss your interests and the department requirements. We would like you to indicate below that you have met with the INVESTIGATION COMMITTEE and if applicable the CADET PROGRAM MANAGER.

Applicant’s Signature: _____

FINANCIAL

GARDINER FIRE DEPARTMENT, INC.
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Application Fee

\$3.00 is required to be submitted with the application and/or payed prior to the application being presented to the department.

Received By: _____
Treasurer

GARDINER FIRE DEPARTMENT, INC.

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THIS PAGE IS FOR CADET MEMBERSHIP ONLY

(Other applicants can skip this page)

CADET – APPLICANT INFORMATION		(16 & 17 years old only)
Briefly describe why you want to join the cadet program		
School and Grade Attending		
Who referred you to the Cadet Program		
Do you have family already in Fire / Rescue / Emergency Service If so, who and where do they serve		YES / NO
Signing below indicates that you have read, understood and agree to abide by the Cadet Rules and Regulations set forth by the Gardiner Fire Department; I HAVE READ THE CADET APPLICATION PORTION ENTIRELY AND THE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. Applicant's Signature: _____		

PARENT or GUARDIAN INFORMATION
Name
Address of Parent or Guardian if different from applicant
Contact in case of Emergency (Name and phone number)

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Signing below indicates that you have read the **Cadet Rules and Regulations** and as the parent(s) or guardian(s) give full permission to the applicant to participate in this program; state that the applicant is in good physical health and agrees to take responsibility for monitoring the applicants school performance to the parent(s) or guardian(s) satisfaction.

PARENT or GUARDIAN MUST ATTEND INVESTIGATING COMMITTEE MEETING with applicant and CADET PROGRAM MANAGER.

Parent or Guardian's Signature:

<<END OF CADET MEMBERSHIP ONLY PAGE>>

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CERTIFICATION

I certify that the statements made by me on this application are true and accurate to the best of my knowledge. I understand that any misrepresentation of the facts is ground for rejection or dismissal. I agree, if accepted, to serve honorably in pursuit of my duties and to abide by all the laws, rules, regulations and by-laws regarding the operation of the Fire Department.

ACKNOWLEDGEMENT, WAIVER AND AGREEMENT

As an applicant for membership, or a member of the Gardiner Fire Department, Inc., I acknowledged that the Gardiner Fire Department, Inc. is obliged under law to assure the public that none of its members have been convicted of a crime or pleaded; no contest to a felony charge involving murder, manslaughter, assault, sexual abuse, theft, robbery, fraud, embezzlement, drug abuse or sale of drugs, or was subject to a state or federal administrative order relating to fraud or embezzlement, or is otherwise unworthy of the trust necessarily reposed by public and patients in the membership of the Gardiner Fire Department, Inc.

THEREFORE, I hereby waive any claim I might otherwise have against the Gardiner Fire Department, Inc., its members or officers arising out of any investigation Gardiner Fire Department, Inc. may conduct into my background or conduct to assure that I am worthy of public trust, and I AGREE to immediately advise the President and Chief of the Gardiner Fire Department, Inc. of any other above offenses with which I am charged, or any other circumstances which would justly causing me to lose public trust of confidence, and I FURTHER AGREE in that event to immediately resign from all rights, duties, privileges and obligations of the Gardiner Fire Department, Inc.

APPLICATION SIGNATURES

Applicant Signature _____

Date: _____

Parent or Guardian Signature _____

Date: _____

(for cadets only)

If all the above steps are completed and meet all of the requirements of the Fire Department and the Fire District, the applicant will be accepted as a probationary member, and the necessary firefighting / EMS equipment will be issued. All equipment issued is property of the Gardiner Fire District and is subject to immediate return, if requested by the Chief Officers or the Fire District.

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Any applicant who has been found to have issues based on town, municipal, state or federal requirements **shall not** be considered eligible for membership.

Again, thank you for expressing your interest in joining us in our endeavor to provide the best service to the people of the Gardiner Fire District.

<< END OF APPLICATION >>

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INVESTIGATING COMMITTEE and CADET PROGRAM MANGER SHEET

(This page is for office use only)

INVESTIGATION COMMITTEE INFORMATION

	Date of Investigating Committee Meeting
Vice President – representing Civil (Chair)	
_____ (Date)	(Print Name)
_____ (Date)	(Signature)
1st Assistant Chief – representing Firematic	
_____ (Date)	(Print Name)
_____ (Date)	(Signature)
Rescue 1st Lieutenant – representing Rescue	
_____ (Date)	(Print Name)
_____ (Date)	(Signature)
Comments	
Recommended for Membership <input checked="" type="checkbox"/> YES or NO	

AND (if required)

CADET PROGRAM MANAGER INFORMATION (applicant is 16 or 17)

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Date of CADET PROGRAM Meeting	
Cadet Program Manager	
_____ (Date)	_____ (Signature)
Comments	
Recommended for Membership <input checked="" type="checkbox"/> YES, NO or N/A (circle one)	

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MEMBERSHIP APPLICATION CHECKOFF, SUMMARY AND FINAL APPROVAL SIGNATURES

(This page is for office use only)

Name of Applicant (Last, First, MI):

KEY DATES AND FINAL SIGNATURES		
Date voted into the Gardiner Fire Department by the Gardiner Fire Department body	One year Probation date	Applicant's ID Number

MEMBERSHIP COMPLETENESS	Initials
The individual requesting membership by this application has met with the Investigation Committee and (if applicable) Cadet Program Manager	
The individual requesting membership by this application is recommended for membership by the Investigation Committee and (if required) Cadet Program Manager	
The individual requesting membership by this application has submitted a completed application with the required Application Fee	
A copy of the their license or NYS ID is attached	
Reference checks completed	
Arson / Sex Offender check completed	
Applicant scheduled for first physical exam	
Applicant has received a copy of the Gardiner Fire Department By-Laws	

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FINAL SIGNATURES	
Approved by the Department:	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
(date)	(President Signature)
Approved by the District:	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
(date)	(Commissioners' Signature)

Non-Fingerprint Background Checks – Volunteer Firefighters

Effective December 2, 2014, Executive Law §837-o requires prospective volunteer firefighters, and current volunteers seeking membership in another fire company, to undergo non-fingerprint criminal history background checks, **for arson convictions and convictions which require registration as a sex offender only**, against the State's criminal history files maintained by the Division of Criminal Justice Services (DCJS). The law prohibits a fee from being charged in connection with these background checks. The law also specifies that these checks will be conducted by sheriffs' offices unless a county legislature enacts a local law prohibiting its county sheriff from having such responsibility. In such a case, the NYS Division of Homeland Security and Emergency Services, Office of Fire Prevention and Control (OFPC), is authorized to perform the background checks for the affected volunteer fire companies.

DCJS supplies the *DCJS-VFF Volunteer Firefighter Inquiry Form* to each Sheriff's Office in the State and to OFPC. Sheriffs' offices and OFPC shall distribute the form to volunteer fire companies seeking to perform arson and registerable sex offense background checks on prospective volunteers and fire company transferees. Fire company officials should complete sections A and B and fields 1 through 10 of the *DCJS-VFF Volunteer Firefighter Inquiry Form*. Fire company officials should use the applicant/transferee driver's license, and another form of identification, such as a birth certificate, passport or social security card, when completing the forms. **Completed forms must be returned to the sheriff's office, or to OFPC where applicable, via U.S. mail, fax or hand delivery. E-mail transmission is not permissible.** It is not an option to perform the background checks through OFPC in counties where there is no local law prohibiting the sheriff's office from conducting the checks.

Upon receiving a completed *DCJS-VFF Volunteer Firefighter Inquiry Form*, sheriffs' offices will perform a name search on each applicant/transferee using the Criminal Repository Search link located under the People tab in the eJusticeNY Integrated Justice Portal using the VFF Reason Code. If a name search candidate is returned as an exact match to the input data, the sheriff will use the Criminal Repository Inquiry link to obtain a rapsheet from DCJS on the candidate. The rapsheet will then be examined by the sheriff's office to determine the presence of an arson and/or registerable sex offense conviction. Not all sex offense convictions require registration as a sex offender. If there is any question regarding whether the applicant is a registered sex offender, the sheriff should search the Sex Offender Registry using the Full Registry Search link also located under the People tab in the eJusticeNY Integrated Justice Portal. The appropriate box should be checked on the bottom portion of the *DCJS-VFF Volunteer Firefighter Inquiry Form*, and the form returned to the submitting fire company via U.S. mail, fax or hand delivery only. In cases where the rapsheet shows an arrest for arson and/or registerable sex offense, but does not reflect a final disposition for the arrest, the sheriff's office should contact the DCJS Office of Criminal Justice Operations at (518) 457-8547 for assistance in obtaining the final disposition. If an arson and/or registerable sex offense case is pending adjudication, the requesting fire company should be informed that a decision regarding the applicant/transferee must be delayed. **Criminal history records (i.e., rapsheets) are not to be provided to fire companies under any circumstance.**

In cases where a background check results in the discovery of an arson and/or registerable sex offense conviction against an applicant/transferee and the individual disputes the conviction, the fire company official should immediately refer the individual to DCJS for a personal record review. If the personal record review results in the determination that the individual is free of an arson conviction and/or registerable sex offense conviction, a subsequent notification will be sent to the sheriff's office which will then forward the appropriate notification to the fire company. It should be noted that while an applicant/transferee who has been convicted of arson is not eligible to be elected or appointed as a volunteer member of a fire company, a registered sex offender is not automatically disqualified from membership. If the background check results in the discovery that the applicant/transferee is a registered sex offender, the fire company must make a determination of eligibility in accordance with the criteria established in Correction Law §§752 and 753. The fire company should be directed to contact the Sex Offender Registry at 1-800-262-3257 to obtain more information about the conviction.



NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES
Office of Criminal Justice Operations
Volunteer Firefighter Inquiry Form

INSTRUCTIONS: This form is to be used only by a Sheriff's Office (or OFPC, where applicable) when performing searches authorized under NY Executive Law §837-o in connection with individuals seeking membership in a Volunteer Fire Department.

A. DATE:

This form must be U.S. mailed, faxed or hand delivered between agencies. E-mail transmission is not permissible.

Shaded boxes are required data elements.

B. REQUESTING VOLUNTEER FIRE DEPARTMENT

DEPARTMENT NAME:

FIRE CHIEF NAME:

SIGNATURE:

ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

1. NAME (LAST, FIRST, MIDDLE)

2. ADDRESS (Street, City, Zip Code)

3. ALIAS AND/OR MAIDEN NAME

4. SEX

M F

5. RACIAL APPEARANCE

White Black Indian Asian Unknown Other

6. ETHNICITY

Hispanic Not Hispanic Unknown

7. HEIGHT
 Ft. In.

8. DATE OF BIRTH
 Month Day Year

9. PLACE OF BIRTH

10. SOCIAL SECURITY NO.

INVESTIGATING OFFICER: _____ DATE _____
 (PRINT NAME/TITLE)

INVESTIGATING OFFICER SIGNATURE _____

RESULTS OF INQUIRY

- NO RECORD OF AN ARSON CONVICTION OR A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF ARSON; NO RECORD OF A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER; NO RECORD OF AN ARSON CONVICTION
- CONVICTED OF ARSON AND CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER



COUNTY OF ULSTER

FIRE COORDINATOR'S OFFICE
238 GOLDEN HILL LANE
KINGSTON, NEW YORK 12401-6440

Michael P. Hein, County Executive

Chief Fire Coordinator

Charles Mutz

24 Brooks Drive
Kerhonkson, NY 12466
Home 845-626-7783
Cell 845-389-0806

Deputy Fire Coordinator

Wayne T. Freer

PO Box 32
Esopus, NY 12429
Cell 845-384-6458

Deputy Fire Coordinator

Edward Wilhelm

PO Box 164
Napanoch, NY 12458
Cell 845-399-2301

Deputy Fire Coordinator

Thomas Planz

135 Brown Station Rd
Olivebridge, NY 12461
Cell 845-750-7041

Deputy Fire Coordinator

Christopher Worrad

1071 Kings Hwy
Saugerties, NY 12477
Cell 845-416-6101

INSTRUCTIONS FOR FILLING OUT ACCOUNTABILITY FORMS AND SUBMITTING PHOTOS

ACCOUNTABILITY FORMS:

- 1 Personnel Information is Mandatory to be filled out for the Accountability System.
- 2 FDID# is your Fire Department County ID 560XX
- 3 FD PIN# is your Fire Department in house Accountability Number if Applicable
- 4 Contact Name and Contact Number are also Mandatory to be filled out for the Accountability System
- 5 Medical Information is Optional for those individuals not wanting Medical Information in the Accountability System.
- 6 The Personnel, Contact, and Medical Information Portion of the Form **MUST BE** Dated and Signed by the Individual filling out this portion of the form.
- 7 The Qualifications Portion of the Accountability Form **MUST BE** Completed by the Fire Department Chief or Fire District Chief or Fire Department Training Officer or Fire District Training Officer.
- 8 The Qualifications Portion of this Form also **MUST BE** Dated and Signed by the Fire Department Chief or Fire District Chief or Fire Department Training Officer or Fire District Training Officer.

ACCOUNTABILITY PHOTOS FOR SUBMITTING

Accountability photos can be taken by Digital Photography **MUST HAVE INDIVIDUALS NAME** assigned to digital photo, either by adding name to jpeg number or by placing the Individuals name on a piece of paper (Must be large enough to be legible) and holding it in front of them below the shoulders. A clean background for the Digital Photos is required.

ALL PHOTOS SUBMITTED MUST BE ON A THUMB DRIVE TO IMPORT ONTO CARDS.

Forms and Photos can be submitted to 238 Golden Hill Ln. Kingston, NY. 12401. C/O Deputy Coordinator Chris Worrad, or to your individual Battalion Deputy Coordinator. Hard Copy forms and Instructions will also be available thru the Coordinators Office. When Accountability Cards are completed they will be returned to the Fire Departments or Fire Districts along with all Forms and Thumb Drives.



COUNTY OF ULSTER

FIRE COORDINATOR'S OFFICE
238 GOLDEN HILL LANE
KINGSTON, NEW YORK 12401-6440

Michael P. Hein, County Executive

Chief Fire Coordinator

Charles Mutz
24 Brooks Drive
Kerhonkson, NY 12466
Home 845-626-7783
Cell 845-389-0806

Deputy Fire Coordinator

Wayne T. Freer
PO Box 32
Esopus, NY 12429
Cell 845-384-6458

Deputy Fire Coordinator

Edward Wilhelm
PO Box 164
Napanoch, NY 12458
Cell 845-399-2301

Deputy Fire Coordinator

Thomas Planz
135 Brown Station Rd
Olivebridge, NY 12461
Cell 845-750-7041

Deputy Fire Coordinator

Christopher Worrad
1071 Kings Hwy
Saugerties, NY 12477
Cell 845-416-6101

ACCOUNTABILTY FORM PERSONNEL INFORMATION MANDATORY

Last Name _____ First _____ Middle _____

FDID# _____ Fire Dept. _____ FD PIN# _____

DOB _____ Height _____ Weight _____ Eye _____ Hair _____

Home Address _____

Home Phone _____ Cell Phone _____

EMERGENCY CONTACT INFORMATION MANDATORY

Contact Name _____ Contact Number _____

MEDICAL INFORMATION OPTIONAL

Physician Name _____ Phone # _____

Allergies _____

Date _____ Member Signature _____

QUALIFICATIONS MANDATORY

****ALL INFO LISTED BELOW SHALL BE FILLED OUT BY THE FIRE CHIEF OR TRAINING OFFICER OF THE FIRE DEPARTMENT OR DISTRICT****

Exterior	Interior	Fire Police	Diver	Dive Tender	Swift Water
Rope Rescue	F.A.S.T	ICS300	ICS400	Confined Space Rescue	EMS

****BY SIGNING I CERTIFY THAT ALL QUALIFICATIONS HAVE BEEN MET AND ARE CURRENT****

DATE _____

SIGNATURE OF CHIEF OR TRAINING OFFICER

DESIGNATION OF BENEFICIARY FORM

Gardiner Fire District Service Award Program

PLEASE PRINT CLEARLY

***** PARTICIPANT DATA - PLEASE FILL OUT COMPLETELY *****

Volunteer First Name, MI, Last Name _____ Social Security Number _____ Date of Birth _____

Volunteer Mailing Address _____ City _____ State _____ Zip _____ Fire Company _____

***** PRIMARY BENEFICIARY(IES) *****

First, MI, Last Name	Relation	Date of Birth	Soc. Sec. No.	Mailing Address	City	State	Zip
1. _____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____

***** CONTINGENT BENEFICIARY(IES) *****

First, MI, Last Name	Relation	Date of Birth	Soc. Sec. No.	Mailing Address	City	State	Zip
1. _____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____

***** SIGNATURE AND WITNESS *****

I hereby designate my primary beneficiary(ies) to share equally any benefits payable from the above named Service Award Program due upon my death. If all of the primary beneficiary(ies) have predeceased me, I designate the contingent beneficiary(ies) to share equally any benefits due upon my death.

Volunteer Signature and Date _____ Witness Signature and Date _____
Witness must be a Notary, or an Official of the Fire District or Fire Department

***** NOTES *****

Please consult with your ATTORNEY before naming a minor child or your ESTATE as a beneficiary. Naming a minor child or your estate will cause a delay in the payment of any benefits due upon your death. Consider this designation carefully.

All beneficiaries, other than an estate or trust to be created upon your death, must have a social security number.

If you designate more than 3 primary beneficiaries and/or 3 contingent beneficiaries, attach 2 forms together. Be sure to sign both and clearly indicate that your beneficiary designations are continued on a 2nd form (e.g. on 1st form write "page 1 of 2" and on 2nd form write "page 2 of 2").