

# Application for Membership New Cumberland River Rescue #1

*Please Print*

Name:		Name of Sponsor:	
Age:	Date of Birth		
Home Address:			
Phone Number:	Cell Phone:	Occupation:	
Employer:			
Address:			
Work phone	Drivers License Number (provide copy):		

## Reasons for application to the department

- |   |  |
|---|--|
| <input type="checkbox"/> Help With Fund-Raising Activities<br><input type="checkbox"/> Kitchen Help<br><input type="checkbox"/> Water Rescue<br><input type="checkbox"/> Driver<br><input type="checkbox"/> Small Games of Chance | <input type="checkbox"/> Diver<br><input type="checkbox"/> Administrative Help<br><input type="checkbox"/> Wish To Take Courses<br><input type="checkbox"/> Emergency Medical Help<br><input type="checkbox"/> Other ( <i>Please specify</i> ) |
|---|--|

**Special Skills:** (*Any skills or training that could be helpful i.e. medical, administrative, mechanical, electronic, water rescue, vehicle operation, boat, truck, dive, etc.*)

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**Member Of Another Water Rescue Company – Past or Present?** Yes  No

(If yes please give name or phone number)

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**Any Disabilities or Medical Restrictions?** Yes  No

(If yes, please explain)

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**Arrests or Violations –** Including all driving violations

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**Three References:** Include address and phone number (No Relatives)

<b>Reference #1</b>	Name:	
	Address:	
	Phone:	
<b>Reference #2</b>	Name:	
	Address:	
	Phone:	
<b>Reference #3</b>	Name:	
	Address:	
	Phone:	

Please Complete Both Sides of This Form

**Application for Membership  
New Cumberland River Rescue #1  
Volunteer Firemen's Insurance Services, Inc  
Beneficiary Form**

**Beneficiary Designation For Accident & Sickness Policy**

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the reference Accident and 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 Class I who survive me, otherwise to those surviving in Class II, in the proportion to the percentages listed.

<b>Class I:</b>	Name		Relationship		Share	%
	Name		Relationship		Share	%
<b>Class II:</b>	Name		Relationship		Share	%
	Name		Relationship		Share	%

If none of the above-names beneficiaries are living at the time of my death, then I direct that payment be made to my estate, I reserve the right to revoke of change this designation.

**Member's Name** (Please Print) \_\_\_\_\_

**Member's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or Legal Guardian Consent Statement**

*(Required for Junior Membership, Applicants under 18)*

I hereby give parental (or guardian) consent for name: \_\_\_\_\_  
to become a member of New Cumberland River Rescue.

**Signature of Parent:** \_\_\_\_\_

**Print Parent's Name:** \_\_\_\_\_

Working Papers Must Accompany This Application

**Ten (10) dollars is required with application. Full refund will be made if application is rejected:**

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Sponsoring Member:** \_\_\_\_\_

*Vigilance Committee*

Recommendations:

Remarks:

Additional Remarks or Information:

Committee Member Signatures:

Committee Member Signatures:

Applicant is ( ) is not ( ) recommended for Membership

Please Complete Both Sides of This Form