

Animas Volunteer Fire & Rescue Dept.

PO Box 409 · 13 Maverick Road · Animas · NM· 88020
575-548-2323 · animasfirerescue@yahoo.com · www.animasfire.com

Dear Applicant,

We welcome your membership application to join the Animas Vol. Fire & Rescue Department. The attached "Application Process" guide will provide you with detailed instructions on how the application process works and what steps that you will need to take in order to complete the application process. It is important that you fill out each part of the application packet completely and honestly. You must also sign it in the presence of a Notary Public of New Mexico.

As I am sure you will agree, our organization is one in which integrity is paramount. Our reputation is directly related to the code of conduct displayed by each of our members. Our members deal directly with the public and it is important that they be concerned for the safety and welfare of the public at all times. Therefore, please be aware that we will thoroughly scrutinize the information that you provide on the membership application. We do this in an effort to provide the citizens of our community with individuals who will uphold the excellent reputation of the Animas Vol. Fire & Rescue Department.

Thank you for your interest and, hopefully, you can become a valuable part of our organization.

Sincerely,

Jared Fralie, Chief
Animas Vol. Fire & Rescue Dept.

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About the Animas Volunteer Fire & Rescue Dept.

The Animas Vol. Fire & Rescue Department is the oldest county fire department in Hidalgo County and was organized in 1973 and officially founded on January 15, 1975 by the citizens of Animas to provide fire protection for the community. The station was built June 1, 1979 and had a two bay addition built in 1998. Forty + years later, the Animas Vol. Fire & Rescue Department is still providing fire protection to its community and outlying areas.

The Animas Vol. Fire & Rescue Department provides coverage to over 1000 square miles of Private, State and BLM Lands. Our capabilities range from structural protection, wildland and urban interface, rescue and public education.

We provide automatic aid for Cotton City Vol. Fire Dept. as well as provide mutual aid to both the Rodeo Vol. Fire Dept. & Playas Vol. Fire Dept. We are completely state funded by the NM State Fire Marshal's Office through the New Mexico PRC.

The members of the Animas Vol. Fire & Rescue department, both those that work full time and those that are retired, all take time out of their schedules to provide emergency services to our communities.

The Animas Vol. Fire & Rescue Department holds meetings on the first and third Monday's of every month at 6:00pm. The first meeting of the month is our business meeting and the second meeting of the month is designated for training.

New Mexico Volunteer Fire Fighters may qualify for a pension from PERA after age 55 and with at least 10 years of service as a volunteer fire fighter.

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APPLICATION PROCESS

1. Contents of Packet

The membership application packet contains the following forms that must be completed:

- a) Volunteer Firefighter Membership Application, form AVFRD:AP1 (2 pages)
- b) Authority to Release Information, form AVFRD:AP2
- c) Background Screening Applicant Information, form AVFRD:AP3
- d) Accountability Tag Forms, form AVFRD:AP4
- e) NM MVD Records Release, form MVD-11260
- f) VFIS Beneficiary Form
- g) PERA Form
- h) Application Process Checklist, form AVFRD:AP5

2. Completion of Application Packet

All applicants must COMPLETELY fill in the information on the forms listed in Section #1 above. When completed, you must sign (in the presence of a Notary Public of New Mexico) the second page of form AVFRD:AP1.

3. Administrative Review of Application

When you submit your application packet, a thorough administrative review will be done. All information provided on the application will be verified. The following items are important things to consider when completing the application:

Membership in Other Organization: If you state that you are a member of other organizations, you must provide the name, address and phone number of the appropriate official in each organization that can be contacted in order to verify the information submitted. This information should be provided on a separate sheet of paper and attached to the application.

Previous Experience: If you state that you have previous experience in other fire service or emergency medical service organizations, you must provide the name, address and phone number of the appropriate official in each organization that can be contacted in order to verify the information submitted. This information should be provided on a separate sheet of paper and attached to the application.

Special Licenses or Certifications Held: If you state that you have a special license or certification, please attach a copy for the training file that is maintained on each member. Please also provide a legible copy of your New Mexico Driver's License for our use in obtaining a NM Department of Motor Vehicle Records Check. *Do not attach the original of any license or certification.*

Previous Fire Service & Emergency Medical Service Training: If you state that you have previous fire service or emergency medical service training, please attach a copy for the training file maintained on each member. *Do not attach the original of any license or certification.*

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4. **Background Check**

A thorough background check and a five year motor vehicle abstract is conducted through NM MVD of each applicant submitting an application. The application will be considered incomplete and will not be acted upon unless or until this written permission is provided.

5. **Review of Application & Induction of New Members**

When all portions of the application process are complete, the entire package will be submitted to the Chief for a review. If there are any questions on the information submitted on the application on any of the information uncovered during the application process, further investigation will occur. If the Chief recommends membership for the applicant, the applicant will be promptly notified of the date of the next business meeting. A letter will be prepared for reading and consideration by the Station. It is strongly recommended that the applicant make every possible effort to attend this meeting in order to be accepted.

6. **Probationary Status Begins**

Once the applicant is accepted, he/she is now a new member of the Fire Department. The new member will be notified of the equipment issuance process that must be completed in order to begin Probationary status. Once equipment has been issued, the new member will be closely advised by the assigned station officer in the operating procedures that must be followed when responding to incidents or when visiting the fire station. New members are strongly encouraged to continually review the Standard Operating Procedures during the first few months of membership in order to take advantage of the valuable information it contains.

7. **Points to Remember**

The selection of competent and responsible personnel for membership in the Fire Department is essential in our mission to provide safety, protection and service to the public. Applicants are reminded to be patient with the membership process in order to allow sufficient time for the review of each applicant. Our goal is to complete the application process for each applicant from start to finish within 30 days.

The Animas Volunteer Fire & Rescue Department is an equal opportunity employer and will not discriminate against any applicant due to age, race, sex, religion, and national origin or due to non-merit factors.

All new members must complete a ninety (90) day probationary period with the Fire Department before full membership privileges will be granted. Any habitual violation of policies or procedures during this period may lead to immediate expulsion from the Fire Department.

If the applicant is rejected for membership, he/she has the right to file a written request for reconsideration with the Chief of Department. The Chief of Department will then present the request to the Hidalgo County Fire Marshal. At that time, a complete investigation will be conducted.

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Application packet given to _____ on _____.

APPLICATION PROCESS CHECKLIST

(For Internal Use)

<i>Form or Action Taken</i>	<i>Date Complete</i>
<input type="checkbox"/> Volunteer Firefighter Membership Application <i>(Form AVFRD:AP1)</i>	_____
<input type="checkbox"/> Authority to Release Information <i>(Form AVFRD:AP2 & AP3)</i>	_____
<input type="checkbox"/> Accountability Tag Form <i>Form AVFRD:AP4</i>	_____
<input type="checkbox"/> Background Check	_____
<input type="checkbox"/> Recommendation of Membership by <i>Chief of Department</i>	_____
<input type="checkbox"/> Standard Operating Procedures	_____
<input type="checkbox"/> Designation of VFIS Beneficiary Form	_____
<input type="checkbox"/> PERA Form	_____
<input type="checkbox"/> MVD Records Check	_____
<input type="checkbox"/> Administrative Review of Application	_____

AVFRD:AP5

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AVFRD:AP1

Animas Volunteer Fire & Rescue Department	Volunteer Firefighter Membership Application
Name: _____	DOB: _____ SS# _____ - _____ - _____
Mailing Address: _____	City: _____ NM Zip: _____
Physical Address: _____	Home # _____ Cell # _____
Email Address: _____	
Occupation: _____	Work Hrs: _____ to _____
Employer Name: _____	
Employer Address: _____	
Contact Person: _____	Phone # _____
Health: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Blood Type: _____
Do you have any physical limitations, which would restrict your ability to perform firefighter duties? (Circle) Yes No (If yes, explain)	

List pertinent medications and medical conditions:	

Driving History: Are your driving privileges revoked or have they ever been revoked? (Circle) Yes No (If yes, explain)	

Driver's License # _____ Class: _____ Restrictions: _____	
List current membership in other organizations:	
1. _____	Date Joined: _____
2. _____	Date Joined: _____
3. _____	Date Joined: _____
Previous Experiences:	
1. _____	Years There: _____
2. _____	Years There: _____
3. _____	Years There: _____
Do you have any relatives on the Fire Department? (Circle) Yes No (If yes, who?) _____	

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AVFRD:AP1

EMERGENCY CONTACT INFORMATION IN THE EVENT OF AN EMERGENCY, NOTIFY:	
First Contact:	Name: _____ Relationship: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: (H/C) _____ (W) _____
Second Contact:	Name: _____ Relationship: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: (H/C) _____ (W) _____
Uniform Sizes:	Shirt: _____ Jacket Size: _____ Shoe Size: _____ Hat Size: _____ Pants: Waist _____ Inseam _____ Glove Size: _____
List any special licenses or certifications you currently hold: Certifications:	Expiration Date:
1. _____	_____
2. _____	_____
3. _____	_____
List current fire service & emergency medical training	
Course	Location/Academy
Month/Year	Completed
1. _____	_____ Yes No
2. _____	_____ Yes No
3. _____	_____ Yes No
<i>If insufficient room exists to list training, attach a separate sheet.</i>	
Read this application and your answers carefully before signing below. I certify that the statements made by me on this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that if I have knowingly made a misstatement of these facts, I am subject to rejection and/or removal as a member of the Animas Vol. Fire & Rescue Dept. I further understand that if I knowingly made any false statement regarding my criminal history, I will be liable for the cost of any training provided to me by the Animas Vol. Fire & Rescue Dept.	
Applicant Signature: _____	Notary Seal:
Date of Application: _____	
Notary Signature: _____	
Subscribed and sworn before me on this _____ day of _____, 20__ . My commission expires: _____	

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HIDALGO COUNTY GOVERNMENT

WAIVER AND RELEASE

To Whom It May Concern

Having made application for employment with Hidalgo County, it is my understanding that a Comprehensive investigation of my background will be conducted in connection with this application. I, _____, do hereby give the officials of Hidalgo County the authority to conduct such an investigation, and do hereby authorize the release of any and all information requested by this organization pertaining to my work history, medical history, criminal history, educational background, financial obligations and status, character, honesty, and other general qualifications or fitness. I direct custodians of such records to release copies to the authorized Hidalgo County agent bearing this authorization, either originally signed or in photocopy form.

I acknowledge that my employment with Hidalgo county is contingent upon the background investigation herein authorized being completed with a favorable result. I further acknowledge, that I will not ever be allowed to, nor do I have any right to, review or see my background investigation, or material provided in such an investigation, and it will not be released to anyone outside of authorized supervisory personnel of Hidalgo County without a court order. In the event that any court should in the future rule that I possess a right to review or see my background investigation or materials provided in such an investigation, this waiver and release waives any rights.

I release Hidalgo County, and its agents and employees, and the custodians of records provided as a part of my background investigation, from any claim of damage that could ever be brought by me against any of them as a result of this background investigation, and waive any right I might have to bring such claim.

This releases and waiver is binding on my heirs, assigns, or representatives or associates of nature.

Applicant Signature

SUBSCRIBED AND SWORN to before me on this _____ day of _____, 20_____

Notary Public

SEAL

My Commission Expires: _____

AVFRD:AP2

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BACKGROUND SCREENING APPLICANT INFORMATION FORM

The following information will be treated as confidential and is requested only in order to perform a background check. Providing this information is optional but your application will not be processed further without it. This Background Screening Applicant Information Form will be separated from the application you submit and kept in Human Resources. This information in and of itself will have no bearing upon your consideration for employment. The Age discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. **Please initial any yes or no box located on this application.**

PLEASE PRINT YOUR NAME AS SHOWN ON YOUR DRIVER'S LICENSE/STATE ID

First Name:	MI:	Last Name:	Maiden/AKA:
Social Security No:	Date of Birth:	Driver's License No: <i>For Identification Purposes Only</i>	State Issued:

Date: _____ Applicant Signature: _____

AVFRD:AP3

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ANIMAS VOLUNTEER FIRE & RESCUE DEPARTMENT ID TAG INFORMATION FORM/ACCOUNTABILITY FORM

NAME: _____ S.S. #: _____
BIRTHDATE: _____ SEX: _____
PRIMARY EMERGENCY CONTACT: _____
RELATIONSHIP: _____
PHONE: (H) _____ (W) _____
ALTERNATE EMERGENCY CONTACT: _____
RELATIONSHIP: _____
PHONE: (H) _____ (W) _____
HEIGHT: _____ WEIGHT: _____ RELIGION: _____
ALLERGIES: _____
MEDICATIONS: _____
BLOOD TYPE: _____ PHYSICAL RESTRICTIONS: _____
DATE OF LAST PHYSICAL: _____
BP: _____ PULSE: _____ RESPIRATIONS: _____
FAMILY DOCTOR: _____ PHONE: _____
LAST TETANUS SHOT: _____ ORGAN DONOR: _____
LAST HEPATITIS SERIES: #1 _____ #2 _____ #3 _____
REFUSED: _____
COMMENTS: _____

AVFRD:AP4



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			
SOCIAL SECURITY NUMBER			
FIRST NAME	MI	LAST NAME	
Previous First Name		Previous Last Name	
MAILING ADDRESS		HOME or CELL TELEPHONE NO.	
		BUSINESS TELEPHONE NO.	
CITY	STATE	ZIP	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH	CITY OF BIRTH		STATE OF BIRTH
HAVE YOU EVER BEEN A PERA MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO			EMAIL ADDRESS
MARITAL INFORMATION			
CURRENT MARITAL STATUS (Check One) <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.			
SIGNATURE OF VOLUNTEER FIREFIGHTER			DATE
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.			
NAME OF VOLUNTEER FIREFIGHTER DEPARTMENT Animas Vol. Fire & Rescue Dept			
PERA VFD NUMBER 09 598		START DATE (mm/dd/ccyy)	
I certify that the above-named individual is a Volunteer Firefighter of this department as of the above date.			
SIGNATURE OF FIRE CHIEF or DESIGNEE		DATE OF SIGNATURE (mm/dd/ccyy)	
EMAIL ADDRESS animasfirerescue@yahoo.com		BUSINESS or CELL TELEPHONE NO. (575) 548-2323	

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Employer identification number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

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

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.