WINTERVILLE COMMUNITY FIRE DEPARTMENT

224 FORLINES ROAD
WINTERVILLE, NC 28590

TELEPHONE: (252) 321-4041
FAX: (252) 756-0663

CHIEF: JONATHAN HELTZEL

Dear Applicant,

Thank you for your interest in becoming a Firefighter with the Winterville Community Fire Department. We are pleased that you are willing to serve the community with us. Please use the following checklist while completing your application packet to ensure you have completed all required items. We look forward to working with you in the future.

Please complete the following:

____ PITT COUNTY FIRE DEPARTMENT APPLICATION FORM

____ FIREMEN'S & RESCUE SQUAD WORKERS' PENSION FUND FORM

____ VFIS BENEFICIARY DESIGNATION FORM

____ MINIMUM OF THREE REFERENCES WITH AT LEAST TWO OF THEM BEING PROFESSIONAL REFERENCES

____TURNOUT GEAR RETURN POLICY

____ TRAINING CERTIFICATES OR TRANSCRIPTS IF YOU HAVE PREVIOUS FIRE SERVICE EXPERIENCE

____ CERTIFIED DRIVING RECORD FROM EACH STATE THAT YOU HAVE RESIDED IN (ISSUED BY DMV)

____ CERTIFIED CRIMINAL BACKGROUND CHECK FROM EACH COUNTY THAT YOU HAVE RESIDED IN (ISSUED BY COUNTY COURT HOUSE)

If you have any questions, please contact the station by calling (252) 321-4041.

Thank You,

Jonathan Heltzel

Fire Chief

Application for Fire Department Membership

Fire Department **WINTERVILLE COMMUNITY FIRE DEPARTMENT - 41**

Applicant's Information

Last ____________ First ____________ Middle ____________

Social Security ____________

Address ____________ City ____________ State ______

Zip ________ Gender ________ Race ________ Date of Birth ____________

Home Phone ____________ Work Phone ____________

Cellular Phone (optional) ____________

Pager (optional) ____________ PIN ____________

Drivers License Number ________ State: ______

Date joined Fire Department ____________

Paid-Part-Time ________ Paid Full-Time ________ Volunteer ________

Auxiliary ________ Retired ________ Junior ________

Next of Kin Information

Name ____________ Relation ____________

Phone Number ____________

Address ____________ City ____________ State ______

Zip ________

Do you wish to participate in Text Messaging program? **Yes ( ) No ( )** **Please check.**

Phone Number ( ) ____________ Carrier: ____________

Area Code Number

I acknowledge that I have read the Pitt County Fire Service Text Messaging Dispatch Agreement and agree to the terms and conditions set forth in said agreement.

Applicant's signature ____________ Date ____________

Fire Chief's signature ____________ Date ____________

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IMPORTANT: To assure our data is accurate and to properly enroll you with Workers' Compensation all blanks must be completed before this application will be accepted in the Emergency Management Office.

When you fax an application the original must be mailed or delivered to the Emergency Management Office within 30 days. A faxed application is not always legible.

North Carolina Retirement Systems

Enrolling in the Firemen's and Rescue Squad Workers' Pension Fund

Please print or type in black ink.

Section A. Tell us about yourself.

TITLE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	SSN

ADDRESS LINE 1	
ADDRESS LINE 2	GENDER ☐ MALE ☐ FEMALE

CITY	STATE	ZIP CODE	TELEPHONE NO.	DATE OF BIRTH

E-MAIL ADDRESS

Is this your initial enrollment in the Pension Fund?

☐ **Yes.** This enrollment application must include your first required monthly contribution of $10.00. In the future, $10.00 will be submitted for each month of membership (If you are a new member, you will not yet have a MEMBER ID unless you are also enrolled in the Local Governmental Employees' Retirement System.)

☐ **No.** This enrollment application must include your first required monthly contribution of $10.00 for enrollment, since you were previously enrolled in the Fund. In the future, you must submit $10.00 each month to receive membership credit.

Section B. Please authorize with your signature.

I understand that membership is effective the first of the month in which **both** this membership application and an initial contribution to the Firemen's and Rescue Squad Workers' Pension Fund are received by the Retirement Systems Division.

I understand that if I want credit for prior service with a fire department or rescue squad, I must complete a Form 349 (Purchasing Pension Fund Credit for Prior Fire or Rescue Service) so that the administrators of the Fund can review my eligibility and determine the cost of purchasing prior service credit.

Member's Signature ______________________________ Date____________

Please submit this form to your fire department or rescue squad.

Section C. Fire department or rescue squad employer, please authorize this enrollment.

FIRE DEPARTMENT OR RESCUE SQUAD NAME	UNIT NO. (if known)	COUNTY

What was the first day of service (mm-dd-yyyy)? ________ ☐ Fireman ☐ Rescue Squad Worker

I hereby certify that the applicant named in Section A is a current member of this department/squad.

Authorized Employer Contact Signature______________________________ Date____________

CONTACT FIRST NAME	CONTACT LAST NAME	POSITION TITLE

EMPLOYER/AGENCY	UNIT NO.

E-MAIL ADDRESS	TELEPHONE NO.	FAX NO.

Section D. Please submit this form by fax or mail.

Please mail this form to the address below or fax it to (919) 508-5350.

Upon receipt of this form, the Pension Fund will mail an acknowledgement leter to the member.

Thank you.

N.C. Department of State Treasurer, Firemen's and Rescue Squad Workers' Pension Fund
325 North Salisbury Street, Raleigh, North Carolina 27603-1385
(919) 508-5360 in the Raleigh area or (877) 508-9110 toll free
www.myncretirement.com

REV 20090625

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F&R ENROLLMENT

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.

C01:008A

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CHIEF: JONATHAN HELTZEL

References

Minimum of three references with at least two of them being professional references

Name: ____

Phone Number: (________) ________ - __________

Relationship: ____

Name: ____

Phone Number: (________) ________ - __________

Relationship: ____

Name: ____

Phone Number: (________) ________ - __________

Relationship: ____

Name: ____

Phone Number: (________) ________ - __________

Relationship: ____

Name: ____

Phone Number: (________) ________ - __________

Relationship: ____

WINTERVILLE COMMUNITY FIRE DEPARTMENT

TURNOUT GEAR RETURN POLICY

Turnout gear and/or equipment that have been issued out to you must be returned no later than **30 days** from your resignation or termination from the department. This would include, but not limited to: Helmet, Hood, Jacket, Pants, Boots, Gloves, Pager, and Radio equipment.

POSITION: ________________________________

NAME: ____________________________________

PHONE NO.:_______________________________

EMAIL: ___________________________________

ADDRESS: ____

CITY: _________________________ STATE: ___________ ZIP CODE: __________

SIGNATURE: ____________________________________

DATE: ____________________

By signing this form I understand that I am liable for all gear and equipment that has been issued to me and I know it must be returned by **30 days**. If the gear/equipment is not returned you will be held accountable and may be punishable by law.