

HAHNVILLE VOLUNTEER FIRE DEPARTMENT

169 LINCOLN STREET

HAHNVILLE, LA 70057

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Drivers license Number:

State issued:

Blood type:

Physical address:

City:

State:

ZIP Code:

Mailing address:

City:

State:

ZIP Code:

Do you have any medical condition, limitations or allergies (Explain):

In the past 3 years have you ever been convicted of a moving violation or involved in an accident: No Yes (Explain):

EMPLOYMENT INFORMATION

Current employer:

Current Position:

Supervisor:

Phone:

EMERGENCY CONTACT

Name:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

REFERENCES

(Please list 3 individuals whom are not related to you and have known for more than 1 year)

Name

Address

Phone

SIGNATURE

By my signature below I authorize and agree:

To abide by the Hahnville VFD By-Laws

To follow all laws of the State of Louisiana

To allow Hahnville to contact above listed references, perform a criminal background check, perform a driving background check

To return all Hahnville VFD equipment upon my departure

My membership can be revoke if any of the above information is found to be false

Print name:

Signature of applicant:

Date:

FOR OFFICIAL USE ONLY (DO NOT WRITE IN THIS SECTION)

Meeting date #1:

Meeting date #2:

Meeting date #3:

Prior to Vote of the Membership is:

Driving background check acceptable & attached to application: _____

Criminal background check acceptable & attached to application: _____

Vote of Membership: Approved Denied

Effective Date of Membership: _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate stand alone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **Hahnville Volunteer Fire Department** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net**.

I do _____ do not _____ authorize you to contact, through IntelliCorp Records, Inc., my *current* employer for Employment and Reference Verifications. (*Checking "I do" will authorize inquiries to the Human Resources Department and to any listed supervisors.*)

I also consent to have any legally required notices sent electronically.

Printed Name

Signature

Date

Parent or Legal Guardian Signature
(for searches conducted on minors under
the age of 18)

Date

PERSONAL DATA

Last Name

First Name

Middle Name

Current Address

Dates Lived Here

Date of Birth

Other Names Used (including maiden name)

Years Used

Social Security Number

Driver's License #

DL State

Email address (may be used for official correspondence)

DISCLOSURE REGARDING BACKGROUND CHECK

Hahnville Volunteer Fire Department ("the Company") may obtain information about you from a third party consumer reporting agency for **employment or volunteer membership**. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records").

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net**.

Signature: _____

Date: _____



P.O. Box 2726
 York, PA 17405
 (800) 233-1957 or (717) 741-0911
 www.vfis.com

BENEFICIARY DESIGNATION FORM

This form may be used for multiple Policies when designating the same beneficiary. Use a separate form when designating different beneficiaries for each Policy.

Indicate one of the following:

- New Insured Beneficiary Change Name Change: From: _____

Complete all of the following information:

Policyholder Name and Policy Number(s) (Emergency Service Organization Name)		
<input type="checkbox"/>	Policyholder _____	Policy Number _____
<input type="checkbox"/>	Policyholder _____	Policy Number _____
<input type="checkbox"/>	Policyholder _____	Policy Number _____
<input type="checkbox"/>	Policyholder _____	Policy Number _____
<input type="checkbox"/>	Other _____	
<input type="checkbox"/>	Other _____	

Last Name: _____	First Name: _____	MI: _____
Date of Birth: _____	Date of Membership: _____	Social Security Number: / / .

I hereby designate the following beneficiary(ies) to receive any death benefit proceeds payable under the policies checked above. If this form represents a change of beneficiary, the present beneficiary designation(s) are terminated and the following designation(s) made:

BENEFICIARY DESIGNATION – Primary Class	Relationship to Insured	Date of Birth	Percent (Must equal 100%)
<input type="checkbox"/> Mark if additional beneficiaries are listed on a separate paper and attached. (Name, address, phone number and/or email address of beneficiaries)			
BENEFICIARY DESIGNATION – Contingent Class	Relationship to Insured	Date of Birth	Percent (Must equal 100%)
(Name, address, phone number and/or email address of beneficiaries)			

MINOR OR ESTATE AS BENEFICIARY: If death occurs and a minor child (a person under the age of majority) or your estate is designated as beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This could mean legal expenses for the beneficiary and possible delay in the payment of any death benefit. Please take this into consideration when designating your beneficiary.

Insured's Signature: _____ Date: _____

Sample wording for Beneficiary Designations

Class	Relationship to Insured	Percent
One Beneficiary of a class Jane Ann Jones	Spouse	100%
Two or more Beneficiaries of a class: Arthur Leo Jones Grace Hays Jones	Father Mother	50% 50%
Unnamed Children: Children of the Named Insured		Split Equally
Unequal distribution: Grace Hays Jones Mary Jones Ford William Roger Jones	Mother Sister Brother	50% 25% 25%
Insured's Estate	Executors or Administrators of the Insured's Estate	

This form should be retained by the Policyholder with a copy to the insured.

* 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.



Annual Medical Statement of Personnel

NOTE: This form is designed to provide the individual in charge of all personnel a complete history of physical status as of the date indicated without the need for expensive physical examinations. It is recommended that the form be completed on an annual basis by all drivers of emergency vehicles as well as other employees. If any of the questions are answered "YES," be sure the answer is fully explained.

Questions:

Name: _____
 Address: _____
 City & State: _____ Zip: _____
 Full Time Occupation: _____
 Name of Organization: _____
 Position/Title: _____
 Social Security No. _____
 What is your Valid State Operators Plate No. _____

REMARKS: If any question is answered, "YES," give particulars below. For medical histories, underline the item and identify by referring to question number and letter. Give dates, symptoms, duration, treatment results, names and addresses of doctors, hospitals, etc.

1. **Birth Date:** Month: _____ Day: _____ Year: _____
2. **Eyesight:**

	Yes	No
a. Have you lost use of either eye? _____ R _____ L.....a.	<input type="checkbox"/>	<input type="checkbox"/>
b. Is peripheral (side) vision restricted?.....b.	<input type="checkbox"/>	<input type="checkbox"/>
c. Are you color blind?.....c.	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you have, or have you ever had, cataracts?.....d.	<input type="checkbox"/>	<input type="checkbox"/>
e. Are actual deficiencies corrected by glasses or contact lenses?..e.	<input type="checkbox"/>	<input type="checkbox"/>
f. Date of last eye examination:.....f.		
3. **Hearing:**

a. Do you have difficulty hearing normal conversation level?.....a.	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you use a hearing aid?.....b.	<input type="checkbox"/>	<input type="checkbox"/>
4. **Diabetes:**

a. Have you ever been treated for diabetes?.....a.	<input type="checkbox"/>	<input type="checkbox"/>
b. Describe current medication and dosage, if any, and method of administration under "remarks."		
c. Date of latest blood sugar test:.....c.		
5. **Heart:**

a. Have you ever been treated for heart disease?.....a.	<input type="checkbox"/>	<input type="checkbox"/>
b. Describe condition:.....b.		
c. Describe current medication and dosage, if any, under "remarks."		
d. Do you have a pacemaker?.....d.	<input type="checkbox"/>	<input type="checkbox"/>
e. Date of last treatment or check-up:.....e.		
6. **Epilepsy:**

a. Have you ever been treated for epilepsy?.....a.	<input type="checkbox"/>	<input type="checkbox"/>
b. If "Yes," when was your last seizure?.....b.		
c. Describe current medication and dosage, if any, under "remarks."		

Questions:

REMARKS:

7. **Blood Pressure:**
- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| a. Have you ever been treated for high blood pressure?.....a. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If "Yes," when were you treated?b. | _____ | |
| c. What was your last reading?c. | _____ | |
| d. Describe current medication and dosage, if any, under "remarks." | | |

8. **Limbs:**
- | | | |
|--|--------------------------|--------------------------|
| a. Have you lost an arm or leg?.....a. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you lost the use of an arm or leg?b. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does vehicle have special controls?.....c. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. If "Yes" to any of the above, describe under "remarks." | | |

9. **Miscellaneous:**
- | | | |
|---|--------------------------|--------------------------|
| a. Have you ever had, or been treated for, Convulsions?.....a. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks." | | |
| c. Have you ever had any Fainting Spells?c. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks." | | |
| e. Have you ever had, or been treated for, Loss of Equilibrium?.....e. | <input type="checkbox"/> | <input type="checkbox"/> |
| f. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks." | | |
| g. Have you ever been treated for Alcohol or Drug Abuse?g. | <input type="checkbox"/> | <input type="checkbox"/> |
| h. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks." | | |
| i. Have you ever been treated for Mental Illness?i. | <input type="checkbox"/> | <input type="checkbox"/> |
| j. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks." | | |

10. What is the date of your last physical examination? _____

11. Are there any restrictions posted on your vehicle operator's license? Yes No

12. Are you under the care of a physician for any condition not mentioned above which may affect your ability to operate a motor vehicle? Yes No

13. When and for what purpose, did you last consult a doctor?

14. Full Name, address and telephone number of your personal physician.

Name: _____

Address: _____

City & State: _____ Zip: _____

The answers to the above are complete, accurate, and true to the best of my knowledge.

Signature of Person Named Above

Date

Authorization For Release

"I hereby authorize any licensed physician, medical practitioner, hospital or medically related facility, insurance company, the Medical Information Bureau or other organization, institution, or person that has any records or knowledge of me or my health, to give _____ Department/Company any such information."

A photographic copy, Xerox copy or similar reproduction of this authorization shall be as valid as the original.

Signature of Person Named Above

Date

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>