

**VILLAGE OF EAGLE  
VOLUNTEER FIRE & RESCUE DEPARTMENT APPLICATION**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ NORMAL WORK HOURS \_\_\_\_\_

ARE YOU OVER THE AGE OF 19? YES / NO (CIRCLE ONE)

DRIVERS LICENSE: \_\_\_\_\_ ISSUING STATE \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES / NO (CIRCLE ONE)

SIGN HERE TO AUTHORIZE FIRE & RESCUE TO CONTACT LAW ENFORCEMENT FOR A BACKGROUND VERIFICATION CHECK.

APPLICANT SIGNATURE: \_\_\_\_\_

FIRE SERVICE EXPERIENCE : \_\_\_\_\_

FORMAL EDUCATION: \_\_\_\_\_

CAN YOU PERFORM ESSENTIAL FUNCTIONS OF FIREFIGHTING/RESCUE, SUCH AS LIFTING, CLIMBING LADDERS, PULLING HOSE, ETC.? YES / NO

EXPLAIN: \_\_\_\_\_

***BY SIGNING THIS APPLICATION, I UNDERSTAND THAT THE FIRE AND RESCUE DEPARTMENT IS NOT A SOCIAL CLUB, AND THAT I WILL GIVE FREELY OF MY TIME TO ATTEND MEETINGS AND CALLS OF THE EAGLE FIRE AND RESCUE DEPARTMENT.***

\_\_\_\_\_  
***APPLICANT'S SIGNATURE*** \_\_\_\_\_  
***DATE***

EXECUTIVE BOARD REVIEW:

1. \_\_\_\_\_ DATE \_\_\_\_\_

2. \_\_\_\_\_ DATE \_\_\_\_\_

3. \_\_\_\_\_ DATE \_\_\_\_\_

APPROVE / DISAPPROVED (CIRCLE ONE) BOARD OF TRUSTEES: \_\_\_\_\_

APPROVE / DISAPPROVED (CIRCLE ONE) FIRE & RESCUE: \_\_\_\_\_

EFFECTIVE DATE OF MEMBERSHIP (IF APPROVED): \_\_\_\_\_



# PROVIDENT

## *Beneficiary Designation Form*

Please complete this form and return as soon as possible.  
PLEASE PRINT

Insured Person Name      Last                                      First                                      initial

Address Street

City

State

Zip

Date of Birth

Insured under policy No. EAGLE VF &R 129557-0343

Primary Beneficiary Name Last

First

initial

Social Security Number

Relationship

Address Street

City

State

Zip

Second Beneficiary Name      Last

First

Initial

Insured Person's Signature

Date Signed

Return to:

**Ball insurance services**

PO Box 67185

Lincoln NE 68506

402-476-2255 or toll free 866-290-5819