



ELEPHANT BUTTE FIRE & RESCUE DEPARTMENT

P. O. Box 867
Elephant Butte, New Mexico 87935
(575) 744-5000
FAX (575) 744-4493

INFORMATION SHEET

First of all, we would like to say thank you for your interest in joining the Elephant Butte Fire & Rescue Department. We are looking for individuals to fill all positions. If you are interested in joining but not necessarily interested in responding to fire calls or motor vehicle crashes; the department also offers positions in Emergency Medical Services, Fire Prevention/ Public Education, Emergency Management and Support components.

This Department is here to help, assist, and come to the aid of our community. We feel so strongly about this our Motto is "Serving Our Community." The goal of the department is to provide a professional service to our community and its visitors at all times. We achieve this goal by being regularly trained and quickly responding to all calls within our response area. We have weekly meetings and trainings. We meet every Tuesday at 6:00 pm at the fire station. Each meeting encompasses business, truck/station inspections and training.

Fill out an application or join us at a meeting. Once Completed, you can drop off your application at the Fire Administration Office at 101 Water Ave. We welcome you to tour our stations to see our equipment and trucks.

Again, Thank you for your interest in the Elephant Butte Fire and Rescue Department! We look forward to working with you.

Sincerely,

EBFD Staff



ELEPHANT BUTTE FIRE DEPARTMENT

Application for Probationary Membership

Please Print Legibly INCOMPLETE Applications will not be accepted

PERSONAL INFORMATION

Name

Last First M.I.

Physical
Address

Number, Street City State Zip

Previous
Address

If less than
3 yrs.

Number, Street City State Zip

Phone

Cell # Home# Work#

Email Address

Marital Status

Married

Single

Widowed

Number
of
Dependents

Number of
Children

Spouse Name

Length of Time in the
Elephant Butte Area?

EMPLOYMENT

Present

Employer

Employer
Ph.#

Employer

Address

Number, Street City State Zip

Normal Days
Worked

Mon.

Tues.

Wed.

Thurs.

Fri.

Sat.

Sun.

Normal Hours

_____ to _____

Background Check Authorization

I, _____, do hereby grant authorization to the Elephant Butte Fire Department and/or the City of Elephant Butte to perform a criminal background check and check my past driving record. This authorization will remain in effect until such time that the Fire Department and/or the City Office receive a written revocation from myself. In giving this authorization, I hereby release the Elephant Butte Fire Department and/or the City of Elephant Butte from all actions resulting from my records.

Driver's License Number

Issuing State

Expiration Date

Signature

Print

Date

Witness Signature

Witness Printed Name

Date



183 Leader Heights Road
 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 _____	Policy Number _____
<input type="checkbox"/>	Other _____	Policy Number _____

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			
<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)	Relationship to Insured	Date of Birth	Percent (Must equal 100%)
BENEFICIARY DESIGNATION – Contingent Class			
(Name, address, phone number and/or email address of beneficiaries)	Relationship to Insured	Date of Birth	Percent (Must equal 100%)

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.



PERA

Public Employees
Retirement Association
of New Mexico

33 Plaza La Prensa, Santa Fe, New Mexico 87507
(505) 476-9401 fax (505) 476-9300 voice
(800) 342-3422 Toll-Free
www.nmpera.org

APPLICATION FOR VOLUNTEER FIREFIGHTER PENSION FORM

Instructions: Please print or type in dark ink. The original of this form must be completed in its entirety and returned to PERA for processing. Required fields are in **BOLD ITALICS**

MEMBER INFORMATION		PLEASE TYPE OR PRINT CLEARLY	
SOCIAL SECURITY NUMBER or PERA ID NUMBER			
FIRST NAME	MI	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	MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW		
PLANNED TERMINATION DATE <small>Date you leave/left employment</small>		EFFECTIVE RETIREMENT DATE <small>First day of a month</small>	
NAME OF VOLUNTEER FIRE DEPARTMENT			
BENEFICIARY DESIGNATION INFORMATION			
<p>You may designate EITHER a spouse or one dependent child (child under the age of eighteen 18) as a beneficiary. In the event of the retiree's death, the designated survivor beneficiary will receive an annuity equal to two-thirds of the retirement paid to the retiree. The annuity paid to a spouse will cease upon the surviving spouse's marriage or death and the annuity paid to a dependent child will cease when the child reaches the age of 18 or upon the child's death, whichever comes first.</p> <p>Please provide the full name, social security number, address and date of birth of your beneficiary. You must submit proof of age for yourself and your beneficiary as well as a copy of your marriage certificate and/or divorce decrees and property settlement agreements.</p>			
BENEFICIARY'S NAME		SSN	DATE OF BIRTH <small>(mm/dd/ccyy)</small>
ADDRESS	STREET	CITY	STATE ZIP
APPLICANT'S STATEMENT			
<p>I _____ do hereby apply for pension benefits as indicated above. I understand my benefit payments will begin the first of the month following the completion of all the following; 1) my meeting the age and service requirements for normal retirement and 2) the filing of a completed application for pension. I certify that the information contained herein is true and correct to the best of my knowledge.</p>			
SIGNATURE OF APPLICANT			DATE