

Office Use Only: Application has been approved \_\_\_\_\_ Disapproved \_\_\_\_\_ by County Manager or Designee \_\_\_\_\_ Date \_\_\_\_\_



## APPLICATION FOR VOLUNTEER PROGRAM

### GRANT COUNTY VOLUNTEER FIRE DEPARTMENTS

1400 HWY 180 E. SILVER CITY, N.M. 88061  
P.O. Box 898, SILVER CITY, NM 88062 (575) 574-0035  
Email: [rgroves@grantcountynm.gov](mailto:rgroves@grantcountynm.gov)

Applicant must complete all sections of the application. For areas that do not apply please put N/A.  
Incomplete applications will not be accepted.

APPLICANT			
Last Name	First Name	M.I.	Date
Street Address			Apt. #
City	State	Zip	
Phone	Alternate		
E-Mail			

#### Volunteer Fire District

Which Volunteer Fire District do you wish to Join? (Check One)

<input type="checkbox"/> Cliff/Gila VFD	<input type="checkbox"/> Ft. Bayard VFD	<input type="checkbox"/> Lower Mimbres FD	<input type="checkbox"/> Pinos Altos VFD
<input type="checkbox"/> Sapiello Creek VFD	<input type="checkbox"/> Tyrone VFD	<input type="checkbox"/> Upper Mimbres VFD	<input type="checkbox"/> Whiskey Creek VFD

As a member, which would you be most interested in?

☐ Emergency Medical Services    ☐ Fire Suppression    ☐ Support    ☐ Jr. Member (14-17yrs.)

Please tell us about any special skills or interests that you would like to utilize as a member. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please tell us what interests you about becoming a member of Grant County Fire & Rescue and what alerted you to our search for new members at this time. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Prior Fire/EMS Experience

List all prior experience with volunteer fire, EMS, and other public safety organizations.

Agency		Phone
Address		
Position		Chief/Supervisor
From	To	Reason for leaving

Agency		Phone
Address		
Position		Chief/Supervisor
From	To	Reason for leaving

Agency		Phone
Address		
Position		Chief/Supervisor
From	To	Reason for leaving

Have you ever been denied or terminated membership from a public safety agency? \_\_\_\_\_ If yes explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Education

High School		Address		
From	To	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Degree

College		Address			
From	To	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree

Other		Address			
From	To	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree

**List all relevant certifications. Attach copies.**

[illegible]

List most your most recent employment first.

<b>Employment</b>
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Company		Phone	
Address			
Position		Supervisor	
From	To	Reason for leaving	

Company		Phone	
Address			
Position		Supervisor	
From	To	Reason for leaving	

Company		Phone	
Address			
Position		Supervisor	
From	To	Reason for leaving	

Have you ever been dismissed or forced to resign from a position? ☐ Yes ☐ No

If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Personal References**

List two personal references. **Do not include relatives or employers.**

Full Name	Relationship	Phone
Address		

Full Name	Relationship	Phone
Address		

**Junior Membership: For those under 18 years old.**

Applicants under 18 years of age require a notarized signature of parent or legal guardian.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

State of New Mexico, County of \_\_\_\_\_

(Parent/Legal Guardian) \_\_\_\_\_ acknowledge the foregoing

instrument before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Witness my hand and official seal

\_\_\_\_\_  
Notary Public

My Commission Expires:

# Grant County Volunteer Fire Departments

## Applicant background check

Please provide the following information and authorization to complete a mandatory applicant background investigation.

### Informational

Last Name	First Name	Middle
Date of Birth		
Driver's License Number	State	
Social Security Number		

### Driving History

Do you have a valid driver's license?

☐

Yes

☐

No

State of License \_\_\_\_\_ License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you consent to the release and review of your Driver's Transcript or Record now and on a periodic basis during membership for repeated or significant traffic violations? ☐ Yes

### Criminal History

Do you have a legal right to work in the United States?

☐

Yes

☐

No

Have you ever been convicted in the last five years of any criminal violation(s)?

☐

Yes

☐

No

If yes, please list year(s) and type of violation(s).

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Have you ever been convicted of any crime? Include Misdemeanors, and/or Felonies.

☐

Yes

☐

No

If you answered yes, explain in detail.

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## Authorization

I authorize the Grant County to investigate, without liability, all statements contained in the membership application and supporting materials.

I also authorize references, employers, public safety agencies, and others, without liability, to respond fully to any inquiries in connection with this application.

My signature authorizes drug screening, investigative reports, criminal history and driving record checks, reference checks, and physical examination if required.

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Authorized Signature

Date

## Certification and Agreement

This statement must be initialed and signed. Please read the following statements carefully before initialing and signing.

- \_\_\_\_\_ I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge, and I have not intentionally omitted any information. If an investigation discloses such misrepresentations, omissions, and/or falsifications, my application could be rejected.
- \_\_\_\_\_ I certify that I will obtain all necessary certifications within the minimum qualifications for volunteer firefighters and/or EMS providers
- \_\_\_\_\_ Grant County Fire Department and/or representative thereof is hereby authorized to make an investigation of my personal history, criminal history, driving record, and/or employment history and concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies duly accredited.
- \_\_\_\_\_ I consent to the release and review of my Driver's Transcript or Record now and on a periodic basis during Membership for repeated or significant violations.
- \_\_\_\_\_ I understand that nothing said or implied during the application process should be deemed to constitute the terms of a contract.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

COUNTY OF GRANT

AUTHORIZATION TO CONDUCT  
DRIVER LICENSE AND CITATIONS INQUIRY

I, \_\_\_\_\_, do hereby understand that a driver license and citations inquiry is required through the general liability insurance policy of Grant County. I, therefore, authorize Grant County to perform a driver's license inquiry.

\_\_\_\_\_  
Name of Driver (Please Print)

\_\_\_\_\_  
Signature of Driver

\_\_\_\_\_  
Fire Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver License Number

\_\_\_\_\_  
Driver License Expiration Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
(THIS SECTION TO BE COMPLETED BY THE DEPARTMENT SECRETARY)

State of New Mexico)

:  
County of Grant )

Witnessed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Signature of Secretary

\_\_\_\_\_  
Signature of Fire Chief

\_\_\_\_\_  
Printed Name of Secretary

\_\_\_\_\_  
Printed Name of Fire Chief

\_\_\_\_\_  
Mail completed form to : Grant County Commission  
PO Box 898  
Silver City, NM 88062





## 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.

C01:008A (11/05)

### 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.

**Confidentiality of Patient Information  
and Staff Member Verification**

Given the nature of our work, it is imperative that we maintain the confidentiality of patient information that we receive in the course of our work. Grant County Volunteer Fire Departments prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or health care operations, and discussions of Protected Health Information (PHI) within the organization and should be limited to, exchange of patient information needed for the treatment of the patient, billing, and other essential health care operations, peer review, internal audits, and quality assurance activities.

I understand the Grant County Volunteer Fire Department provides services to patients that are private and confidential and are a crucial step in respecting the privacy rights of Grant County Volunteer Fire Department patients. I understand that it is necessary, in the rendering of Grant County Fire Volunteer Department services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written, or photographic and that all such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all confidentiality policies and procedures set in place by Grant County Volunteer Fire Department during my entire association Grant County Volunteer Fire Department. If, I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of the Grant County Volunteer Fire Department immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my association with Grant County Volunteer Fire Department. Upon termination of my association for any reason, or at any time upon request, I agree to return any and all patient confidentiality information in my possession.

I have read and understand all privacy policies and procedures that have been provided to me by Grant County Volunteer Fire Department. I agree to abide by all policies or be subject to disciplinary action, which may include verbal or written warning, suspension, or termination of membership or association of the Grant County Volunteer Fire Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## Member Enrollment for Volunteer Firefighters

6300 Jefferson St. NE STE#100  
Albuquerque, NM 87109  
(505) 542-6220 phone  
(505) 954-0342 fax  
[www.nmpera.org](http://www.nmpera.org)

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned to PERA along with the appropriate Qualification Record form(s) by March 31, 2025 via regular mail, fax, or e-mail to [pera-memberservices@state.nm.us](mailto:pera-memberservices@state.nm.us) for processing. Strikethroughs and correction fluid/tape are not permitted. Please keep copies for your VFD's records.

### Section 1 Information About the Volunteer Firefighter (VF)

Social Security Number or PERA ID		Name (First, Middle Initial, Last)	
<input type="checkbox"/> Female	<input type="checkbox"/> Male	Phone Number (   )	Would you like direct correspondence by E-mail? If so, include E-mail Address
Mailing Address		City	State    Zip Code
Date of Birth	City of Birth		State of Birth
Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
Have you ever been a PERA Member: <input type="checkbox"/> Yes <input type="checkbox"/> No			

### Section 2 Information About the VF Member's Spouse\*

\*To be completed by a married VF member.

Spouse's Name	Spouse's SSN	Spouse's Date of Birth
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### Section 3 VF Member Certification

I hereby declare that all the above information is true and complete to the best of my knowledge. It is my responsibility to keep my information current with PERA.

Signature of VF Member	Date
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### Section 4 VFD Fire Chief Certification\*

\*To be completed by the VFD Fire Chief.

Please copy the completed application for your VFD file and for the VF member.

Name of Volunteer Fire Department (VFD)	PERA VFD Number	Start Date (mm/dd/ccyy)
VFD Email Address		VFD Phone Number
VFD Chief's Printed Name		
I certify that the above-named individual is a Volunteer Firefighter of the VFD as of the date listed above.		
Signature of VFD Chief		Date

# Member Enrollment for Volunteer Firefighters Guidance

## Section 1

### Information About You

1. List your full nine-digit Social Security number or PERA ID number if you have previously been assigned one.
2. Provide your full legal name as reflected on your birth certificate or government-issued identification card.
3. Mark the appropriate gender.
4. Provide your phone number, including area code.
5. Optional: provide personal email address to receive correspondence from PERA.
6. List your mailing address, including City, State and Zip Code.
7. List your date of birth as mm/dd/ccyy.
8. Provide your city of birth
9. Add State of birth.
10. Indicate your current marital status.
11. Indicate if you have you every been a PERA member.

## Section 2

### Information for VF Members Spouse (\*only if member is married)

1. List the full legal name of your spouse.
2. List full nine-digit Social Security number of spouse.
3. List Date of Birth of Spouse.

## Section 3

### VF Member Certification.

1. Signature of VF New Member.
2. Date of VF New Members Signature.

## Section 4

### VF Fire Chief Certification. (\*must be completed by VFD Fire Chief ALL SPACES ARE REQUIRED)

1. List name of Volunteer Fire Department (VFD).
2. Provide your PERA VFD number. If you are unsure of your PERA VFD number, please contact PERA.
3. List the date the new member joined your VFD in mm/dd/ccyy format.
4. Print the VFD Chief's name.
5. Signature VFD Chief.
6. VFD Chief Date of Signature.