



Westlock County Fire Services

Application for Membership

- Ensure all of application is complete.
- Driver Abstract, current with in the last 30 days is completed and attached.
- Beneficiary Designation is completed and attached.
- Photocopy of your driver's license (include both sides) is attached.
- Photocopies of all course Certificates referred to in your application are attached.
- Criminal Records Check current within the last 30 days is attached

Note: Charge or conviction of an offense does not necessarily preclude consideration for the position of Volunteer Fire Fighter. Any violation will be judged on the basis of its relation to this occupation.

I the applicant acknowledge that being a member of the Westlock County Volunteer Fire Department is a commitment of time and I agree to attend and participate in training programs as provided. I understand that occupational health and safety regulation state that being clean shaven is a requirement for the use of self contained breathing apparatus and I agree to comply with these regulations.

I also understand that any cost incurred for providing required or requested information is my responsibility.

I, the applicant, do hereby swear that all information is true and accurate and consent to reference and security checks should it be required.

Date

Signature

If under 18 years of age, Parent/Guardian Signature

Date

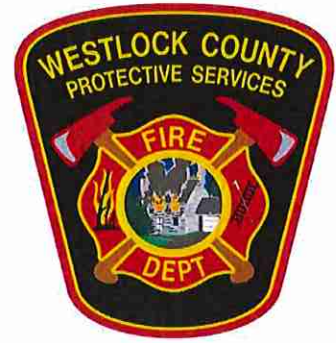
Signature

Return to: Westlock County Fire Department
Attn: Fire Chief, John Biro
10336 - 106 Street
Westlock, AB T7P 2G1



growing opportunity

WESTLOCK COUNTY FIRE SERVICES Membership Application



Please Circle Department

Busby Clyde Fawcett Jarvie Pickardville Westlock

A. Personal Information

Name		Date Of Birth	
Mailing Address		E-mail	
Home	Work	Cell	Cell Service Provider

B. Emergency Contact

Name	Address	Phone	Relationship
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C. Employer Information

Name of Employer	Address	Phone
Supervisor's Name	Phone	Will your employer allow you to attend calls during work?

D. Experience & Training

List Firefighting Training or Experience. Attach Certificate Copies
List Other Related Training (First Aid, etc.) Attach Certificate Copies
Technical Training or Trade

Driver's License No.	Province of Issue	Expiry Date
License Class	Special Conditions	

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.