



**COLINGTON VOLUNTEER FIRE DEPT., INC.**

108 School House Road, Kill Devil Hills, NC 27948  
Phone (252) 441-6234, Fax (252) 441-5887  
www.colingtonfd.com, colingtonfd@gmail.com

**APPLICATION FOR MEMBERSHIP**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

PHYSICAL ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

MAILING ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

TELEPHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_

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

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

EMPLOYER'S ADDRESS: \_\_\_\_\_

HIGH SCHOOL ATTENDED: \_\_\_\_\_

HIGH SCHOOL ADDRESS: \_\_\_\_\_

DATE GRADUATED/or G.E.D.: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\*\*\*

**PREVIOUS FIRE FIGHTER TRAINING / EXPERIENCE**

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



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**PERSONAL INFORMATION**

**NAME:** \_\_\_\_\_

**MARRIED:** \_\_\_\_\_ **SPOUSE'S NAME:** \_\_\_\_\_



**IN CASE OF EMERGENCY, NOTIFY**

**Primary**

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**PHONE: (H)** \_\_\_\_\_ **(CELL)** \_\_\_\_\_

**Secondary**

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**PHONE: (H)** \_\_\_\_\_ **(CELL)** \_\_\_\_\_



**State of North Carolina, County of Dare**

The undersigned, being a firefighter in the above named County and State, and recognizing that the duties of a firefighter are dangerous and may result in death, and further realizing that it may be difficult to prove that death was a result of injuries sustained in the line of duty in order to secure the benefits provided for the survivors;

Now therefore pursuant to G.S. 90-217 in the event I shall die under circumstances that could possibly be related to firefighting activities, it is directed that an autopsy be performed on my body and that the results be made available for any action in connection with securing benefits due my survivors under local, State or Federal Law.

Signed \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**State of North Carolina, County of Dare**

I, \_\_\_\_\_ a Notary Public in and for said County and State, hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing authorization.

Witness my hand and Notaries Seal, this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission expires \_\_\_\_\_

SEAL

**AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD**

**THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:**

1. That the undersigned gives his or her consent to the release of their driving record (MVR) for review by  
COLINGTON VOLUNTEER FIRE DEPARTMENT
2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.
3. That the undersigned gives his or her consent to the release of their driving record (MVR) for review by  
Our Insurance Carrier
4. That the undersigned understands his or her driving record may also be provided to insurance carriers for the purpose of determining the insurability of certain hazards.

Name of employee / potential employee \_\_\_\_\_

License number & state \_\_\_\_\_

Date of birth \_\_\_\_\_

Signature of employee / potential employee \_\_\_\_\_

**A copy of your drivers license will be made and added to your application**



323 West Jones Street, Suite 401  
 Raleigh, North Carolina 27603  
 (888) 546-2732 or (919) 821-2132  
 www.ncsfa.com

## PERSONNEL BENEFICIARY DESIGNATION FORM

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

**Indicate one of the following:**

New Insured     Beneficiary Change/Update     Name Change From: \_\_\_\_\_

**Policyholder:**

Fire Dept.: Colington Vol. Fire Dept.     NCSFA     NVFC     NCAFC     Other: VFIS  
(Fire Department Name)

**Complete all of the following information:**

<b>Last Name:</b>	<b>First Name:</b>	<b>MI:</b>
<b>Date of Birth:</b>	<b>Date of Membership:</b> <small>(Newly Insured Only)</small>	<b>Social Security Number (Last 4):</b>

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

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

**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: \_\_\_\_\_

**This form should be retained by the fire department with a copy to the insured member.**

\* 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.