



MEMBERSHIP & VFIS PACKET

INTERNAL DEPARTMENT ONBOARDING • REVIEW DRAFT

CONTENTNEA VOLUNTEER FIRE DEPARTMENT | STATION 10

Applicant / Member: _____

Applicant type: ☐ Operational ☐ Junior ☐ Support/Auxiliary ☐ Part-Time

Packet purpose

Use this packet to gather the Contentnea application and draft internal onboarding paperwork.
VFIS coverage varies by the department's actual policy and membership classification.
Check with the VFIS agent/administrator before deciding which insurer forms are mandatory.

STEP 1 • APPLICATION & REVIEW

- ☐ Complete Contentnea membership application, including applicable junior guardian consent.
- ☐ Interview, references and lawful background/driving authorizations handled through approved channels.
- ☐ Record department membership decision, class and effective date.

STEP 2 • PERSONNEL / ADMINISTRATIVE RECORDS

- ☐ Member emergency contacts and policy acknowledgments (draft forms included).
- ☐ Orientation, PPE receipt and any required training/fitness clearances (department records).
- ☐ Retain sensitive records securely; do not place completed forms on public website.

STEP 3 • VFIS INSURANCE RECORDS (VERIFY POLICY)

- ☐ Verify eligibility/classification under the current VFIS Accident & Sickness policy.
- ☐ Provide official VFIS Beneficiary Designation Form if applicable; collect and store securely.
- ☐ Add or update member on official VFIS membership roster / insurer required reporting.
- ☐ Confirm department, effective date, policy number and any special junior or part-time terms.

NOT INCLUDED: Insurer policy-specific requirements not yet verified by Contentnea's VFIS agent.

This package is a draft administrative checklist, not a certification of insurance coverage.



CONTENTNEA VOLUNTEER FIRE DEPARTMENT

NEW MEMBER APPLICATION

Wilson County, North Carolina | contentneavfd@gmail.com
Serving neighbors. Protecting our community. Building the future.

OFFICE USE
Date Received: _____

Applicant #: _____

Thank you for your interest in serving with Contentnea Volunteer Fire Department. No prior fire service experience is required. All training and equipment are provided. Regular department training is held Monday evenings at 7:00 PM.

1. APPLICANT INFORMATION

Full Legal Name: _____	Preferred Name: _____
Street Address: _____	City / State / ZIP: _____
Primary Phone: _____	Email: _____
Date of Birth: _____	Age: _____ ☐ 18 or older ☐ Under 18
Driver License State: _____ License #: _____	Expiration: _____ ☐ Valid

2. MEMBERSHIP INTEREST

Membership type requested (check all that apply):	
☐ Interior Firefighter ☐ Exterior / Support ☐ Junior Member ☐ Administrative Support	
Why do you want to join Contentnea VFD?	

3. AVAILABILITY & PARTICIPATION

Typical availability:	☐ Days ☐ Evenings ☐ Nights ☐ Weekends ☐ Varies
Monday 7:00 PM training:	☐ Regularly available ☐ Sometimes ☐ Rarely
Employment / school schedule:	_____
Approx. distance from station:	_____ miles / _____ minutes

4. EMERGENCY CONTACT

Name: _____	Relationship: _____
Primary Phone: _____	Alternate Phone: _____

CONTENTNEA VOLUNTEER FIRE DEPARTMENT | NEW MEMBER APPLICATION

Applicant Name: _____

5. FIRE, RESCUE, EMS & PUBLIC SAFETY EXPERIENCE

Organization / Department	Position / Rank	Dates	Reason for Leaving

6. TRAINING & CERTIFICATIONS

Certification / Course	Level / Number	Issue Date	Expiration (if any)
NC Firefighter / Firefighter II			
Emergency Medical / CPR			
Driver / Operator / EVOC			
Technical Rescue / HazMat / Other			
Other: _____			

7. SKILLS THAT MAY BENEFIT THE DEPARTMENT

☐ Commercial Driver License ☐ Mechanical / Apparatus Repair ☐ Construction / Trades ☐ Medical ☐ IT / Communications ☐ Public Education ☐ Photography / Media ☐ Administration ☐ Other: _____

8. PERSONAL REFERENCES Do not list immediate family members.

Name	Relationship	Phone	Years Known

9. ELIGIBILITY & DEPARTMENT EXPECTATIONS

☐ I understand that membership involves responding to emergency incidents, training, station activities, and other department functions as assigned or applicable to my membership classification.

☐ I am willing to follow Contentnea VFD policies, SOGs, chain of command, safety rules, training requirements, and standards of conduct.

☐ I understand that driving department vehicles or operating apparatus requires separate authorization and qualification.

☐ I understand that the department may verify information provided on this application and may require separate written authorization for background or driving-record checks, as applicable.

CONTENTNEA VOLUNTEER FIRE DEPARTMENT | NEW MEMBER APPLICATION

Applicant Name: _____

10. ADDITIONAL INFORMATION

Is there anything else you would like the membership committee to know?

11. APPLICANT CERTIFICATION & SIGNATURE

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that submitting this application does not guarantee membership. I authorize Contentnea Volunteer Fire Department to verify the information I have provided, including contacting listed references and prior public-safety organizations. I understand that additional written authorizations may be required for certain checks. If accepted, I agree to comply with department policies, training requirements, safety practices, and standards of conduct.

Applicant Signature: _____

Date: _____

Printed Name: _____

12. PARENT / GUARDIAN CONSENT Complete only if applicant is under age 18.

Parent / Guardian Name: _____

Relationship: _____

Signature: _____

Date: _____

Primary Phone: _____

Email: _____

13. DEPARTMENT USE ONLY

Application reviewed by:	_____ Date: _____
Applicant interview:	☐ Completed ☐ Not required Date: _____
Reference checks:	☐ Complete ☐ Pending ☐ Not required
Background / driving checks:	☐ Complete ☐ Pending ☐ Not applicable
Membership decision:	☐ Approved ☐ Deferred ☐ Not approved
Approved classification:	☐ Interior ☐ Exterior / Support ☐ Junior ☐ Administrative
Effective / probation date:	_____ Accountability #: _____
Orientation:	☐ Complete Date: _____ Officer: _____
PPE / equipment issued:	☐ Complete ☐ Pending Notes: _____

CONTENTNEA VOLUNTEER FIRE DEPARTMENT | VOLUNTEERING SINCE 1975

Emergency Contact Information

For accepted members. This information is confidential and must be stored securely.

Full legal name: _____

Membership classification:

PRIMARY EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone (primary): _____

Phone (alternate): _____

SECONDARY EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone: _____

ADDITIONAL INFORMATION

Information the member voluntarily wishes the department to know for emergency notification (optional):

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Member signature: _____

Date: _____

Draft template. Department leadership should approve retention/access rules before adoption.

New Member Policy Acknowledgment

For accepted members. Review current department bylaws and operating guidelines before signing.

Member name: _____

I acknowledge that I have received, or have been given access to, the department materials listed below:

☐ Department bylaws and applicable standard operating guidelines (SOGs)

☐ Safety, PPE, and incident accountability expectations

☐ Training, meetings, participation, and probationary expectations

☐ Use of department vehicles and required driving qualification procedures

☐ Confidentiality and public/social media communications expectations

☐ Station conduct, equipment use, and reporting damage or deficiencies

I understand that membership is contingent on compliance with applicable department rules and that my duties will be limited to activities for which I am trained and authorized.

Member signature: _____

Date: _____

Reviewing officer: _____

Date: _____

Draft template. Replace checklist with the current, department-approved policy documents before use.

Junior Member Parent/Guardian Consent

For junior applicants only. Existing membership application also includes a basic consent section.

Junior applicant name:

Date of birth: _____

Parent/legal guardian name:

Parent/legal guardian phone:

Parent/legal guardian email:

CONSENT

I consent to the above minor participating in the Contentnea Volunteer Fire Department junior program under direct supervision and subject to department rules, age limitations, school requirements, and applicable North Carolina law.

This consent does not authorize hazardous emergency operations, restricted equipment operation, or activities prohibited for minors.

Parent/guardian signature:

Date: _____

Junior signature (optional):

Date: _____

Draft template. Review age-specific activities and program policies with counsel/insurance provider before implementation.

Equipment and Access Issue Receipt

Internal onboarding form for accepted members. Maintain a copy in personnel records.

Member name: _____

Issue date: _____

Issuing officer: _____

ITEMS ISSUED

☐ Helmet Identification / asset #: _____

☐ Coat Identification / asset #: _____

☐ Pants Identification / asset #: _____

☐ Boots Identification / asset #: _____

☐ Hood Identification / asset #: _____

☐ Gloves Identification / asset #: _____

☐ Pager / radio Identification / asset #: _____

☐ Station key / access credential Identification / asset #: _____

☐ Other Identification / asset #: _____

I acknowledge receipt of the items listed above and agree to care for, report damage to, and return department property according to policy.

Member signature: _____

Issuing officer signature:

Date: _____

Draft template. Verify PPE fit, testing, and inventory requirements separately.

New Member Orientation Checklist

Internal checklist for officers and membership committee. Not an applicant submission form.

Member name: _____

Membership classification:

Effective / probation date:

ADMINISTRATIVE ITEMS

- ☐ Application and junior consent (if applicable) reviewed
- ☐ Background-check authorization and results processed using approved procedure
- ☐ Reference checks and interview completed as required
- ☐ Committee recommendation / membership vote recorded
- ☐ Emergency contact received and securely filed
- ☐ Required employment/payroll documents completed if applicable
- ☐ Pension and association eligibility explained / enrollment coordinated

ORIENTATION

- ☐ Department policies and member expectations reviewed
- ☐ Station orientation and safety briefing
- ☐ Officer / mentor assigned
- ☐ Training calendar and Monday 7 PM schedule explained
- ☐ PPE fitted and documented
- ☐ Radio / pager and accountability orientation
- ☐ Initial training and probation review milestones set

Responsible officer: _____

Orientation completion date:

Draft checklist. Match the current Contentnea new-member policy before adopting.



VFIS INSURANCE CHECKLIST

OFFICIAL DOCUMENT LINKS • POLICY VERIFICATION

CONTENTNEA VOLUNTEER FIRE DEPARTMENT | STATION 10

Official VFIS forms and guidance

VFIS Beneficiary (CLICK TO OPEN)

<https://www.vfis.com/docs/claims/Beneficiary-Form-VFIS.pdf>

VFIS Membership Roster (CLICK TO OPEN)

<https://www.vfis.com/docs/claims/Member-Roster-VFIS.pdf>

VFIS Personnel File (CLICK TO OPEN)

<https://education.vfis.com/fire-ems-resources/content/personnel-file-personal-contact-informati>

VFIS Applications (CLICK TO OPEN)

<https://www.vfis.com/applications>

VFIS Claims (CLICK TO OPEN)

<https://www.vfis.com/claims>

Important distinctions

- Beneficiary Designation is the individual insurance form; use the insurer's current version.
- Membership Roster is an agency/insurer record, not a separate application for each individual.
- VFIS A&S or property insurance applications are for obtaining or changing agency coverage, not automatically required of each new volunteer.
- Accident/sickness claim forms are for an actual claim, not routine onboarding.
- Junior, auxiliary and part-time categories may have different coverage conditions.

CONTENTNEA / VFIS ADMINISTRATOR TO COMPLETE

VFIS policy number(s): _____

Policyholder name: _____

Current policy term / renewal: _____

Member class verified: _____

Coverage effective date / roster notified: _____

Beneficiary received: ☐ Yes ☐ Pending ☐ Not applicable (agent confirmed)

VFIS agent / administrator approval: _____