



Washington County Volunteer Fire and Rescue Association

Emergency Support Services Committee



Welcome Interested Volunteer

The Emergency Support Services Committee of the WCVFRA is a joint endeavor of the WCVFRA and the Washington County Department of Emergency Services to provide a single chain of command of volunteers under a joint governance structure as they provide needed support through the Rehab and Air Units housed at Station 25 on York Road in Hagerstown.

The Rehab Unit provides direct support to active fire/ems personnel during incidents and the Air Unit is responsible for filling the air tanks (SCBA) worn by suppression personnel. Thank you for being interested in committing your time, talents and resources to serve your fellow Washington Countians in this way.

Attached please find our application for appointment to the committee and the LOSAP application. Both must be completed in order to evaluate your skills and suitability to the tasks required. A background check will be performed by law enforcement personnel. Prior fire/ems experience is not required.

You would be joining a dedicated group of individuals who work together to accomplish the committee's support responses to alarms in Washington County. All Volunteers must adhere to the rules and practices of the WCVFRA as required of committee members and shall be subject to the restrictions and behavioral guidelines as may be determined in the SOP's and Association bylaws etc. (as well as adhere to federal and state guidelines). Discrimination based on race, religion, creed, color, sexual orientation, background or ethnicity or any other prohibited reason is not tolerated.

In addition, all county rules, policies and procedures regarding the proper use, care, maintenance, possession, disposal, etc. of county owned property shall pertain to the building at 17556 York Rd. to include all property and vehicles of the county contained there-in.

Should any issues arise either in the application process or during committee operation The WCVFRA President and the Director of DES acting jointly are the final arbiters of any volunteer dispute within the ESS. All such disputes must have first followed the command chain thru the ESS Administrator, who should be the resolving entity in most cases.

Your volunteer efforts will entitle you to both the State of Maryland Tax Subtraction Modification program which gives you a reduction in state income tax (after meeting the active requirements of 3 years of service while earning 50 points per year) and the Length of Service Awards Program (LOSAP) which provides cash benefits based upon age or length of service.

Thank you for your interest in serving.



**Washington County Volunteer
Fire & Rescue Association
EMERGENCY SERVICES SUPPORT COMMITTEE
In Cooperation with DES
APPLICATION FOR APPOINTMENT**



(You must be at least 18 years old to apply)

Last Name: _____ First: _____ Middle: _____

Address: _____

Town: _____ State: _____ Zip: _____

Prior Address (If less than 10 yrs) _____

Phone: _____ Cell: _____ Drivers Lic #: _____

Email: _____

Occupation: _____

Employer & Contact Info: _____

Emergency Contact: _____ Phone: _____

Have you ever been Convicted of a Crime: Y N When: _____

If (YES) Explain: _____

Membership in Washington County Fire or EMS Company:

Have you ever been active with the REHAB: Y N When: _____ AIR UNIT: Y N When: _____

Other Companies: _____ Date: _____ Active Currently:

_____ Y N

_____ Y N

I WISH TO BE ACTIVE WITH: Rehab ____ Air Unit ____ Both: ____

List (3) References (not related): Name / Address / Phone

I understand that by completing this form I hereby authorize the WCVFRA and DES to perform such background checks or other investigations based upon the above information as may be prudent to authorize such appointment request. I also understand that any misrepresentation or falsification of information may result in the failure of the appointment you seek or later termination from the appointed position. By signing, I also agree to adhere to all policies, procedures, rules, Bylaws, SOP's and regulations of the WCVFRA and those that apply from Washington County Government. (You must also complete the attached Length of Service Awards Application and may have to complete an additional background check form)

Signature: _____ Date: _____

Washington County Volunteer Fire & Rescue Association
QUALIFICATION APPLICATION
POINTS SYSTEM



Last Name: _____ First Name: _____ Middle: _____

Mailing Address: _____

City/Town: _____ State: _____ ZIP CODE: _____

Home Phone No: _____ Cell Phone _____

Email: _____

Social Security No: _____ Date of Birth: _____

I hereby make application to participate in the Income Tax Subtraction Modification Program for the Maryland State Income Tax and the Washington County L.O.S.A.P program. I understand that I am responsible for submitting all creditable time, on the appropriate forms and comply with all point system, Tax Subtraction and L.O.S.A.P. procedures and regulations.

I hereby certify under the penalty of perjury that the information contained on this form is true and correct to the best of my knowledge.

(Any person who knowingly makes or causes any false statement or report to be made in any application or document required under law is subject to a fine of \$1000.00)

DATE

SIGNATURE OF APPLICANT

DO NOT WRITE BELOW THIS LINE
TO BE COMPLETED BY THE COMPANY LOSAP COORDINATOR

DATE ENTERED COMPANY: _____

SIGNATURE OF COMPANY LOSAP COORDINATOR

DATE