



Washington County Volunteer Fire and Rescue Assn

LOSAP

Date/Time

Volunteer Suspension Verification Form

Company/Organization

The information contained in this form is to be used solely to accurately tabulate the Point System/LOSAP volunteer time calculations. This form is not to be used for any other purpose or distributed to any persons other than the company LOSAP coordinators and the Washington County Volunteer Fire and Rescue Association Point System coordinators and LOSAP committee.

I hereby certify that the following Volunteer, _____
has been suspended beginning upon _____ until _____ per
a vote of such persons or committee duly authorized under the company bylaws on : _____ .

Such suspension is covered by ONE of the following items.
Please indicate only One - DO NOT indicate Reason

- May not affect LOSAP Relieved of limited duties/specific tasks
- Must verify points in categories Suspended from running alarms or handling equipment
- Not Allowed 25 committee pts Relieved of all officer/committee duties
- Not allowed 25 committee pts Relieved of all officer/committee duties and prohibited from running alarms & equip
- Not allowed 25 committee pts Prohibited from company grounds and contact
- No 25 pts may restrict yrs service if extends over calendar year end Complete Activity suspension - can be reinstated without company vote
- No 25 pts may restrict yrs service if extends over calendar year end Membership Suspension -(by company membership vote)
- Restricts years of service Membership Revocation - (by company membership vote - must reapply to re-join)

Other

I hereby certify that the above is correct and accurate and that the dates listed above are correct. I shall also distribute this form as per the above information and shall keep this form confidential in a secure location. I understand that the reasons for the above suspension are NOT required to be distributed as part of this form.

President or other Official

Date: _____

If reinstated before above date or if original suspension was indeterminate - Enter Date Reinstated

Received by Point System Coordinators/LOSAP Committee WCVFRA _____ Date Received