

Citizens Volunteer Fire Company

Membership Packet Checklist

- _____ 1. Membership Application*
- _____ 2. Confidentiality of Information Form*
- _____ 3. Receipt of Drug Policy*
- _____ 4. Photo Release Form*
- _____ 5. Information Form for Picture ID's*
- _____ 6. Hepatitis B Forms (Declination/History)* **(sign one or the other & provide copy of shot record)**
- _____ 7. Code of Ethics*
- _____ 8. SOP on Substance Abuse in the Workplace
- _____ 9. Training Requirements/Date List
- _____ 10. Officer Contact List

* Return to membership committee

**CITIZENS VOLUNTEER FIRE COMPANY
MEMBERSHIP APPLICATION**

First Name: _____ Middle Initial: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ SSN: _____ Phone: _____
Driver's License No.: _____ Class: _____
Pager: _____ Cell Phone: _____
E-Mail Address: _____

Employer: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Supervisor: _____ Date Hired: _____

Have you ever been convicted of a felony? Yes No If yes, please explain below:

Date of Last Physical: _____ List any driving restrictions: _____

Would you like to receive the Hepatitis B Vaccine? Yes No I have already received it.

Next of Kin: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Work Phone: _____ Pager: _____
Cell Phone: _____ If Spouse, SSN: _____

Please list two references below.

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicants Under Age 18, Please Complete Below and Attach Work Permit:

Parent Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

School Attending: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Why do you want to join the Citizens Volunteer Fire Company? _____

What time are you available? _____

Do you know any member of the CVFC? Please List. _____

I, the undersigned applicant, authorize the Citizens Volunteer Fire Company, Inc., to do a criminal background and driver's license check on me. I do hereby give permission to the Citizens Volunteer Fire Company, Inc., to utilize any information on this application in whatever investigative purposes deemed necessary. I understand that any falsification or willful misrepresentation of any portion of this application may result in permanent denial of membership in the Citizens Volunteer Fire Company, Inc. I have never been convicted of an offense that constitutes the crime of "arson and related offenses" under 18 Pa.C.S § 3301 or any similar offense under any Federal or state law. I hereby certify that the statements contained here are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.

Signature: _____ Date: _____

If under age 18, Signature of Parent/Guardian: _____

Please Check Membership Category:

- Fire EMS Fire Police
 Contributing Auxiliary

Departmental Use Only. Date Received: _____

Interview: _____ Probation: _____

Accepted: _____ Declined: _____



Citizens Volunteer Fire Company

171 South Market Street
Fawn Grove, PA 17321

(717) 382-4432

FAX: (717) 382-4454

www.citizensvfc.com



CONFIDENTIALITY OF INFORMATION STATEMENT

I understand that I require information to perform my duties. This information concerns the business and operations of the Citizens Volunteer Fire Company (VFC) that includes patient information and computer information and access.

I understand that any patient information, medical or non-medical, belongs to the patient and is confidential. I shall not reveal or discuss confidential patient information with other patients, friends, relatives, or the general public.

I understand that Citizens VFC provides services to patients through the auspices of Southern York County EMS (SYCEMS) that are private and confidential and that I am a crucial step in respecting the privacy rights of our patients. I understand that it is necessary, in the rendering of services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all confidentiality policies and procedures set in place by the CVFC/SYCEMS during my entire association with the Company. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my association with the Company. Upon termination of my association for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession.

I understand that if issued a computer access security code(s), I shall safeguard them from disclosure to any unauthorized person. I further understand that if I voluntarily password protect an office computer or data files contained in the computer, I shall inform my immediate supervisor only of those passwords. I agree not to access information through any unauthorized means. This includes using another's access code (other than what was issued to me), and that my assigned security codes will be used as my electronic signature and is comparable to my legal written signature.

I have read and understand all privacy policies and procedures that have been provided to me by the CVFC. I agree to abide by all policies or be subject to

disciplinary action, which may include verbal or written warning, suspension, or termination of any membership or association with the Citizens Volunteer Fire Company. This is not a contract of membership and does not alter the nature of the existing relationship between the Citizens Volunteer Fire Company and me.

Signature: _____ Date: _____

Printed Name: _____

Witness: _____ Signature: _____

If under age 18, parent or guardian's signature:

Signature: _____ Date: _____

Printed Name: _____

SUBSTANCE ABUSE IN THE WORKPLACE POLICY

Acknowledgement of Receipt of Policy

- I certify that I have received, read, and understand the Citizens Volunteer Fire Company's Substance Abuse in the Workplace Policy.
- I agree to comply with the Company's policy on drugs and/or alcohol and understand failure to comply is grounds for disciplinary action, up to and including termination of membership.
- I consent to submit to drug and/or alcohol testing as outlined in the Company's policy.
- I consent to the release of the drug and/or alcohol test results in accordance with the company policy to the selected Medical Review Officer (MRO), to and within the company on a need-to-know basis, and to additional parties in accordance with my written authorization or as otherwise required by applicable federal or state law.
- I will be given an opportunity to discuss a non-negative drug test result with the MRO before the result is reported to the company as a verified positive, a refusal to test, or a cancelled test.
- In the event of a post-accident test, the drug and/or alcohol test result(s) may also be provided to the workers' compensation insurance carrier.

Name (Print): _____ Date: _____

Signature: _____

Witness: _____ Date: _____

I am the parent/guardian of _____, and I acknowledge that I understand the Company's Substance Abuse in the Workplace Policy. I hereby consent to his/her participation in the Company's drug testing program.

Parent/Guardian Signature: _____ Date: _____

Citizens Volunteer Fire Company

Electronic Recording Device Usage Member Consent Form

I, _____ (print name) give consent to the Citizens Volunteer Fire Company to use photographs, videos, or any other form of electronic documentation that I may be recorded in/on. I understand that I will not be compensated in any way for the use of any of the photos, videos or electronic documentation. I am also fully aware that the photos, videos or electronic documentation are to be used for training, education, recruitment, uploading, downloading, website or any other uses as the company sees fit.

Member/Parent Signature: _____

Date: _____

Minor Signature: _____

Date: _____

Fire Company Rep/Witness Signature: _____

Date: _____

Citizens Volunteer Fire Company

Id Card Information Form

Name: _____

Date of Birth: _____

Height: _____

Hair Color: _____

Eye Color: _____

Allergies: _____

Authorized to Run a Response Light: Yes _____ or No _____

Division:

Fire _____ EMS _____ Fire Police _____ Auxiliary _____ OTD _____ Life _____



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HEPATITIS B VACCINE DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature _____

Name _____

SSN _____

Date _____

Witness _____

Title _____



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HEPATITIS B VACCINATION VERIFICATION FORM

I verify that I have received the Hepatitis B vaccine on _____ (date),
through the auspices of _____ (facility).

This information is true and correct to the best of my knowledge.

Signature _____

Name _____

SSN _____

Date _____

Witness _____

Title _____

Fire Department Code of Ethics

I understand that I have the responsibility to conduct myself in a manner that reflects proper ethical behavior and integrity. In so doing, I will help foster a continuing positive public perception of the fire service. Therefore, I pledge the following

- Always conduct myself, on and off duty, in a manner that reflects positively on myself, my department and the fire service in general.
- Accept responsibility for my actions and for the consequences of my actions.
- Support the concept of fairness and the value of diverse thoughts and opinions.
- Avoid situations that would adversely affect the credibility or public perception of the fire service profession.
- Be truthful and honest at all times and report instances of cheating or other dishonest acts that compromise the integrity of the fire service.
- Conduct my personal affairs in a manner that does not improperly influence the performance of my duties or bring discredit to my organization.
- Be respectful and conscious of each member's safety and welfare.
- Recognize that I serve in a position of public trust that requires stewardship in the honest and efficient use of publicly owned resources, including uniforms, facilities, vehicles, and equipment and that these are protected from misuse and theft.
- Exercise professionalism, competence, respect, and loyalty in the performance of my duties and use information, confidential or otherwise, gained by virtue of my position, only to benefit those I am entrusted to serve.
- Avoid financial investments, outside employment, outside business interests or activities that conflict with or are enhanced by my official position or have the potential to create the perception of impropriety.
- Never propose or accept personal rewards, special privileges, benefits, advancement, honors, or gifts that may create a conflict of interest, or the appearance thereof.
- Never engage in activities involving alcohol or other substance use or abuse that can impair my mental state in the performance of my duties and compromise safety.
- Never discriminate on the basis of race, religion, color, creed, age, marital status, national origin, ancestry, gender, sexual preference, medical condition, or handicap.
- Never harass, intimidate, or threaten fellow members of the service or the public and stop or report the actions of other firefighters who engage in such behaviors.
- Responsibly use social networking, electronic communications, or other media technology opportunities in a manner that does not discredit, dishonor, or embarrass my organization, the fire service, and the public. I also understand that failure to resolve or report inappropriate use of this media equates to condoning this behavior.

Signature

Date

**STANDARD OPERATING PROCEDURE: SUBSTANCE
ABUSE IN THE WORKPLACE**

Purpose: To ensure a drug-free workplace and a safe environment for the community we serve.

Applicable to: All Personnel in a Safety
Sensitive Position

Original Date: 18 May 2003

Effective Date: 1 September 2008

Latest Revision: 18 May 2003

Per: Laura K. Taylor, EMS Chief
R. Scott Towson, Fire Chief

Reviewed: 18 June 2012

Related SOP's: Drivers, Disciplinary/Criminal History, Reportable Conduct, Medical Records of Members

I. Background:

The Citizens Volunteer Fire Company has an obligation to provide outstanding quality service to our community, to provide a safe workplace for our members, and to protect Company property. Any member who abuses substances jeopardizes the integrity, credibility, and reputation of the Company, voids the public trust, and places his fellow members in danger.

II. Definitions

A. Substance abuse—the illicit use of a drug, medication, or substance that will alter the physical and mental abilities of the user. Some of the most commonly abused substances include alcohol, amphetamines, barbiturates, cocaine, crack, heroin, marijuana, and oxycodone

B. Positive for Drugs—the presence of any detectable amount of an unauthorized drug or its metabolites demonstrated by a verified positive drug test result

C. Positive for Alcohol—the presence of alcohol in the individual’s system that equals or exceeds a breath or blood alcohol content (BAC) of 0.04

D. Under the Influence—Use of any substance in a manner that impairs or influences the individual’s performance, judgment, or safety

E. Reasonable Suspicion—a belief based on objective observations/facts that would lead a reasonable and prudent person to suspect that someone is impaired by prohibited substances. Such observations may include, but not be limited to, appearance, behavior, speech, and/or body odor

F. Refusal to Test—Failure to provide an adequate urine specimen for a drug test without a valid medical explanation; failure to submit to tests as directed; tampering or adulterating any specimen; engaging in any conduct that obstructs the testing process

G. Medical Review Officer (MRO)—A licensed physician knowledgeable of substance abuse disorders and occupational health and trained to competently interpret and evaluate drug and alcohol tests

H. Safety-sensitive—applies to a job in which impairment caused by drug or alcohol usage would threaten the health or safety of any person

III. Policy Statement:

A. Substance abuse by any member of the Company shall not be tolerated. No member shall report for duty (either to respond on a call or take part in any company function) under the influence of any such agent (see Company Bylaws, Article XXII, Section 2). Any member found in violation of this policy shall be subject to disciplinary actions, which may include permanent dismissal from this organization.

B. The following actions are prohibited on Company property/during Company activities:

1. Being under the influence of alcohol or use of any illicit drugs
2. The use of any prescription medication in a manner other than its intended medical prescribed purpose
3. The unlawful and or unauthorized manufacture, distribution, misappropriation, dispensation, possession, or use of controlled dangerous substances, non-prescribed medications, and alcohol

4. Failure to report the use of a prescribed medication that may impair the member's performance, to include any narcotic, barbiturate, stimulant, benzodiazepine, hypnotic, or anxiolytic
5. To intentionally misuse over-the-counter medications
6. To be under the influence or have an open container of alcohol while conducting Company business
7. Failure to report any convictions of a criminal drug/alcohol statute
8. Failure to report another member who may be under the influence of alcohol or drugs

IV. Procedure:

A. Personnel

1. Shall not consume alcohol within eight hours of response
2. Shall not participate in any Company function/response when their ability to perform job duties is impaired by any substance
3. Shall report to the appropriate chief officer when taking any medication that may interfere with their ability to perform their duties, drive, or operate machinery. The individual shall advise the chief officer of the known side effects of such medication, and the prescribed period of use.
4. Shall not report for duty or remain on duty when using any controlled or impairing substances, except where the use is pursuant to the instructions in writing of a licensed medical practitioner who has advised the employee that the substance will not adversely affect the individual's ability to perform their safety sensitive job/duties.
5. Shall not ingest any prescribed or over-the-counter medication in amounts beyond the recommended dosage so as to affect job related performance
6. Shall report any convictions or entry of probation before judgment of a drug/alcohol statute within seven days of such conviction.
7. Shall report any member who may be under the influence to an officer immediately
8. Shall attend training on detecting signs and symptoms of substance abuse

9. Shall sign the Acknowledgement of Receipt of Policy (see attached)

B. Reasonable Suspicion Drug Testing

1. When an officer who has received training in reasonable suspicion detection suspects that a member is under the influence, he shall have that suspicion confirmed by a second trained member if possible.
2. Indications of “Reasonable Suspicion” drug testing include, but are not limited to, the following:
 - a. Observation of inappropriate behavior (*i.e.*, slurred speech, poor coordination, disorientation, odor of alcohol)
 - b. Episodes of mood swings/irrational conduct
 - c. Frequent on-the-job injuries
 - d. Medication errors/Narcotic count discrepancies
 - e. Observation of a drug-related activity
 - f. Sudden change in work performance (*i.e.*, negligence, tardiness)
 - g. Unusual drowsiness or hyperactivity
3. The officer shall inform the individual involved of the need for drug testing and fill out the “Reasonable Suspicion” checklist.
4. The member shall be immediately driven to the Industrial Resource Center or Memorial Hospital Emergency Department (if after hours) for an 8-panel drug screen and an alcohol test.
5. If the individual refuses the drug test, he shall be suspended immediately, and his membership is subject to termination.
6. If the MRO determines the drug test is positive or determines the result to be a refusal to test, the member is subject to disciplinary action.

C. Post-Accident Testing

1. Any motor vehicle crash involving Company property that is reportable under the Pennsylvania vehicle code (*i.e.*, one or more vehicles require towing, personal injury/fatality) requires the operator to have drug/alcohol testing. A privately owned vehicle is considered Company property when it falls under the auspices of the Company insurance.
2. Any other incident that involves personal injury or property damage, drug/alcohol testing may be performed for reasonable suspicion.
3. The testing shall be handled as in Section II above.

4. If an individual is seriously injured and is unable to have drug testing performed, and drug testing is performed by another entity, the results of that testing are required to be submitted to the appropriate chief officer in order to determine the existence of drugs and/or alcohol in his system (*i.e.*, the member shall submit a copy of his medical record).

D. Confidentiality of a member's drug testing is addressed in the SOP entitled "Medical Record of Members."

V. Attachments

- Acknowledgement of Receipt of Policy
- Reasonable Suspicion Checklist



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"WILLING AND READY TO SERVE"

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SUBSTANCE ABUSE POLICY: Reasonable Suspicion Checklist

Name: _____ Date: _____ Time: _____

General Appearance: Normal Sleepy Tremors Clothing Cleanliness Description: _____
Eyes: Bloodshot Watery Dilated Glassy Closed Normal
Face: Normal Flushed Pale Sweaty

Behavior: Normal Erratic Irritable Lethargic Inappropriate Gaiety Mood Swings
 Cooperative Calm Crying Talkative Resisting Communication Sarcastic
 Threatening Description: _____

Speech: Normal Slurred Shouting Silent Slow Profanity Mumbling
Description: _____

Movements: Fumbling Slow Normal Nervous Erratic
Walking: Stumbling Staggering Falling Normal, Coordinated
Standing: Swaying Rigid Relaxed
Description: _____

Odors: Body Breath Description: _____

Other Observations: _____

I attest that this behavior is interfering with the member's ability to perform their duties and was observed by me.
Officer: _____ Date/Time: _____
Witness: _____ Date/Time: _____

Important Dates To Remember

- First Thursday of the Month—Company Meeting
- Second Wednesday or Thursday of the Month—EMS Training at Airville
- Third Thursday of the Month—Fire Training
- Fourth Thursday of the Month—Fire Police Training/Meeting
- Various Dates—Fund Raising Events

Training Requirements

- Fire Suppression—Essentials of Firefighting, Hazmat Awareness, NIMS, CPR, Bloodborne Pathogens
- EMS—Unit Orientation, First Responder or EMT, Hazmat Awareness, NIMS, CPR, Bloodborne Pathogens
- Fire Police—In Company Fire Police Course, PA Basic Fire Police Course, Hazmat Awareness, NIMS, CPR, Bloodborne Pathogens

Citizens Vol. Fire Co.

2021 Officer's Information and Duties

Fire Chief-Jimmy Williams

Cell Phone# 443-299-7743

E-Mail - jrww656@yahoo.com

1st Asst. Chief- Doug Shanberger

Cell Phone# 717-676-2012

Apparatus Maintenance

2nd Asst. Chief- Bill Kurtz

Cell Phone# 443-617-7304

Turnout Gear/Accountability

Captain - Chuck Bankert

Cell Phone# 717-858-7007

Small Equipment

Lieutenant 56-1-Wayne Hostetter

Cell Phone # 717-885-6786

SCBA Batteries/Air Cascade

Lieutenant 56-2 -Travis Amberman

Cell Phone # 443-876-8922

Pagers/Portable Radios

Chief Engineer - Doug Schmidt

Cell Phone # (717)-873-6058

Pumps, Apparatus Maintenance

Sergeants:

56-1-Todd Blevins

Cell# (717)-598-8563

56-2 Justin Webb

Cell Phone# (717)-501-1989

56-3 - Troy Testerman

Cell Phone # (717)-682-4193