**Policy and SOP**

The East Side Fire District Volunteer Handbook, Policies and Standard Operating Procedures are written by the Chief and/or Officers. Policies are approved by the Commissioners.

Please give comments and/or suggestions on these important elements of our organization to the Chief. Changes are printed and handed out annually.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have received, read, and understand the East Side Fire District Volunteer Handbook:

\_\_\_\_ ESFD Policies and the

\_\_\_\_Standard Operating Procedures

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

Print Name Signature Date

**Driving Record**

East Side Fire District’s policy is to annually check for motor vehicle violations for all volunteers who drive East Side vehicles. This information is to be kept confidential. Any time a volunteer receives such a violation during the year, they must immediately notify the District office.

Driver qualifications will be suspended for one year’s time following a Motor Vehicle Report including a DUI or at-fault accident due to alcohol or drugs.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have not received any motor vehicle violations during the year \_\_\_\_\_\_\_.

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

Signature Date

**Medical Status**

Based on my latest visit to my physician and my own assessment of my physical condition, I feel confident that I am physically able to perform my duties as a volunteer for East Side Fire Protection District. I will notify any officer giving me an order if I believe I am not qualified and/or cannot safely fulfill that order.

FIRE ONLY: My SCBA use status should be:

\_\_ SCBA Interior Attack

\_\_ SCBA General Use Only

\_\_ No SCBA Use

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

Print Name Signature Date