



SAN MATEO & SANTA CRUZ COUNTY FIRE DEPARTMENTS

In cooperation with CAL FIRE

Volunteer Firefighter Application

Volunteer Emergency Medical Responder (EMR) Application

Dear Applicant,

Thank you for your interest in becoming a volunteer firefighter or EMR. This packet includes the application forms and other information relating to volunteering with us in the fire service.

Volunteering is a commitment to help people at all hours of the day or night, seven days a week, in any kind of weather, and sometimes under very stressful and emotional conditions. It is also a rewarding activity, allowing you to develop skills to deal with a variety of situations that include structure and wildland fires, medical emergencies, vehicle accidents, hazardous materials incidents, and many other emergencies.

Committing to serve as a volunteer firefighter or EMR for our community is a serious decision—one that should not be taken lightly. It will require a significant amount of time and effort, and will impose on your personal life, family, and other activities. Please ensure that you understand the level of involvement and time commitment required to participate in our program.

If you believe that you can meet this commitment and are ready to learn our “business” and help the community then we welcome you to join us!

Please fill out the forms in the attached packet and return them. Each form must be COMPLETELY filled out for consideration. There is an application checklist in the packet that will help you verify that you have completed each required item.

If you have any questions, please ask and we will be happy to provide you an answer. Welcome!

SANTA CRUZ COUNTY FIRE DEPARTMENT NEW VOLUNTEER CHECKLIST

NAME	COMPANY #	DATE
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☐ **EMS Only**

☐ **Volunteer Firefighter**

TASK
<input type="checkbox"/> Applicant attends three Volunteer Company meetings within a two month period.
<input type="checkbox"/> At the 3 rd Volunteer Company meeting, the applicant is provided a Volunteer application packet.
<input type="checkbox"/> Applicant submits completed application packet to Volunteer Captain including: <ul style="list-style-type: none"> <input type="checkbox"/> Copy of DMV License Record Printout, obtained from DMV <input type="checkbox"/> Copy of Proof of Vehicle Liability Insurance <input type="checkbox"/> Copy of Valid CDL <input type="checkbox"/> Live Scan-Proof of Appointment <input type="checkbox"/> Copy of CPAT Card (Firefighter applicants only) <input type="checkbox"/> Two Letters of Reference
<input type="checkbox"/> Volunteer Captain reviews and signs application, ensuring all fields are completed. Form I-9 must be completed with Volunteer Captain or Company Officer verification.
<input type="checkbox"/> Application is forwarded to the Battalion Chief. Battalion Chief interviews applicant, discusses outcome with Volunteer Captain, approves/denies application, signs application, and forwards Application Packet and attachments along with Interview Question Score Sheet to Training.
<input type="checkbox"/> Training Battalion Chief reviews and approves/denies application. <ul style="list-style-type: none"> <input type="checkbox"/> Denied applicants receive a letter with reason for denial. <input type="checkbox"/> Approved applicants receive a letter and health questionnaire with instructions on how to complete the medical physical.
<input type="checkbox"/> Training receives medical clearance or denial from health provider. <ul style="list-style-type: none"> <input type="checkbox"/> Denied applicants receive a letter from Training with the results and instruction on how to proceed. <input type="checkbox"/> Approved applicants receive a letter with instructions on obtaining PPE and Volunteer Academy training schedule.
<input type="checkbox"/> Volunteer Firefighter and EMS Responders must complete all Trainee requirements within 18 months from date of hire.

If the above criteria have not been met within the time allowed, the volunteer's status shall be evaluated by the Volunteer Captain and Battalion Chief.

Volunteer applicants possessing a State Fire Marshall FF1 certification or a graduate of a SFM Fire Fighter 1 Accredited Academy may challenge the practical skills of the Basic Fire Fighter Academy with the approval of the Training Battalion Chief.

CAL FIRE/COUNTY FIRE TRAINING SAN MATEO-SANTA CRUZ UNIT

VOLUNTEER FIREFIGHTER/EMR APPLICATION

DATE SUBMITTED
STATION NUMBER
CO APPROVAL
BC APPROVAL
TRAINING APPROV.

INSTRUCTIONS

- *Legibly Print the requested information*
- *If an item does not apply to you, mark the space "N/A"*
- **DO NOT LEAVE BLANK SPACES**

PERSONAL INFORMATION

Name _____
Last First Middle

Mailing Address _____
Address or PO Box City Zip Code

Street Address _____
Address (No PO Boxes) City Zip Code

Phone Number _____
Home Mobile Other (i.e. Work)

E-mail Address _____

Social Security Number _____ - _____ - _____

Birthdate _____ / _____ / _____
Month Day Year

Height _____ Weight _____ Eye Color _____ Hair Color _____

EMPLOYER INFORMATION

Name of Employer _____

Occupation _____

Street Address _____
Address (No PO Boxes) City Zip Code

EMERGENCY CONTACT

Name _____
Last First Middle

Relationship _____

Address _____
Address or PO Box City Zip Code

Phone Number _____
Home Mobile Other (i.e. Work)

E-mail Address _____

VOLUNTEER FIREFIGHTER/EMR APPLICATION

EDUCATION INFORMATION

Type of School	Name of School	City, State	# Years Completed	Degree/Diploma and Year Awarded

BACKGROUND INFORMATION

1. To the best of your knowledge, do you have any physical or mental conditions which would prevent you from fully and safely performing the duties of a volunteer firefighter or EMR? YES NO (Circle One)

If YES, give details here: _____

2. Have you ever been placed on Probation, or has your driver's license ever been suspended or revoked? YES NO (Circle One)

If YES, give details here: _____

3. Have you ever been convicted by any court of a FELONY*? YES NO (Circle One)

If YES, give details here: _____

VOLUNTEER FIREFIGHTER/EMR APPLICATION

CERTIFICATIONS

Drivers License _____
Number Class State Expiration Date

Complete the following table for any medical certifications that you possess:

Certification	Date Issued	Issuing Agency or Organization	Expiration Date
CPR/AED			
EMT			
Basic Int Paramedic			
EMS First Responder/EMR			

FIRE DEPARTMENT EXPERIENCE

List any firefighting experience in the space below:

Agency Name _____

Agency Address _____
Address or PO Box City Zip Code

Rank Attained _____

Job Description _____

VOLUNTEER FIREFIGHTER/EMR APPLICATION

FIRE DEPARTMENT EXPERIENCE

State Fire Marshall (SFM) or National Wildland Coordinating Group (NWCG) Certifications

Complete the following table for any fire service related certifications that you possess (such as FSTEP, CFSTES, HazMat, NWCG certifications):

Certification	Date Issued	Issuing Agency or Organization

OTHER EXPERIENCE OR CERTIFICATIONS

Use the space below to list any other pertinent experience or certification that you possess: _____

VOLUNTEER FIREFIGHTER/EMR APPLICATION

CERTIFICATION OF APPLICATION

I UNDERSTAND THAT CAL FIRE/ COUNTY FIRE MAY CONDUCT A BACKGROUND INVESTIGATION TO DETERMINE MY SUITABILITY FOR VOLUNTEER FIREFIGHTER OR VOLUNTEER EMR STATUS. THIS MAY INCLUDE VERIFICATION OF EMPLOYMENT HISTORY, CRIMINAL BACKGROUND, OR OTHER REFERENCES. I HEREBY AUTHORIZE CAL FIRE/COUNTY FIRE TO VERIFY THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION AND WAIVE ANY AND ALL RIGHTS I HAVE OR MAY HAVE, TO MAINTAIN CONFIDENTIALITY REGARDING THE INFORMATION I HAVE BEEN REQUESTED TO PROVIDE IN THIS APPLICATION. I DO HEREBY RELEASE CAL FIRE/COUNTY FIRE, THEIR OFFICERS, AGENTS, AND EMPLOYEES FROM ANY LIABILITY THAT MAY ARISE IN CONJUNCTION WITH VERIFYING THE INFORMATION PROVIDED IN THIS APPLICATION.

I ALSO CERTIFY THAT I HAVE PROVIDED TRUE AND COMPLETE INFORMATION ON THIS APPLICATION. I FURTHER UNDERSTAND THAT ANY MISREPRESENTATION OR MATERIAL OMISSION MAY RESULT IN DISMISSAL AS A VOLUNTEER FIREFIGHTER OR VOLUNTEER EMR FOR CAL FIRE/COUNTY FIRE.

SIGNATURE_____ **DATE**_____

VOLUNTEER SIGNATURE SHEET

ACKNOWLEDGEMENT SIGNATURES

Volunteer Name _____
Last First Middle

Please sign in the appropriate areas below after you have read and understood the associated policies or documentation.

1. I have read and understand the Volunteer Firefighter/EMR Administrative Guidelines

Signature _____ Date _____

2. I have read and understand the Rules of Conduct and Government Code Section 19572

Signature _____ Date _____

3. I am aware of the requirement to report child abuse pursuant to Penal Code 11166 and to report elder abuse pursuant to Welfare and Institutions Code Section 15630.

I intend to comply with the provisions of these code sections and understand the penalty for failing to do so.

Signature _____ Date _____

4. I have read and understand the CDF/County Fire Physical and Mental Stress Job Description for the Volunteer Firefighter or Volunteer EMR.

Signature _____ Date _____

5. Hepatitis B Inoculation Declaration

I have elected to decline participation into the CAL FIRE/County Fire, San Mateo/Santa Cruz Unit's Hepatitis B inoculation program. I recognize that the program is fully funded by the department. I do want to retain the privilege of participating in the inoculation program at a future date, should I choose to be immunized.

Signature _____ Date _____

EMPLOYEE SELECTION OF PERSONAL PHYSICIAN

Volunteer Name _____
Last First Middle

In the event that I sustain a job-related illness or injury, I designate my doctor to provide medical care. I am not waiving my right to appropriate medical treatment where my physician is not available.

Physician's Name _____
Last First Middle

Physician's Address _____
Address City Zip Code

Physician's Phone _____

Personal physician is defined as the employee's regular physician and surgeon, licensed pursuant to Chapter 5 Division 2 of the Business and Profession's Code, who previously directed the medical treatment of the employee, and who retains the employee's medical records, including his or her medical history.

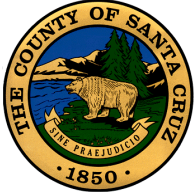
I understand that the above named physician is licensed to practice in the State of California, and agrees to complete the necessary treatment report required by the Department.

Volunteer Signature _____ Date _____

WAIVER

I waive my right to be treated by my personal physician in the event of an emergency or when my personal physician is not available.

Volunteer Signature _____ Date _____



County of Santa Cruz

COUNTY FIRE DEPARTMENT
P.O. DRAWER F-2, 6059 HIGHWAY 9, FELTON, CA 95018
(831) 335-5355 FAX: (831) 335-4053 TDD: (831) 454-2123
SCOTT JALBERT, CHIEF

O A T H

FOR THE OFFICE OF: VOLUNTEER FIREFIGHTER

STATE OF CALIFORNIA
COUNTY OF SANTA CRUZ

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Signature



County of San Mateo

**COUNTY FIRE DEPARTMENT
P.O. DRAWER F-2, 6059 HIGHWAY 9, FELTON, CA 95018
(831) 335-5355 FAX: (831) 335-4053 TDD: (831) 454-2123
SCOTT JALBERT, CHIEF**

O A T H

FOR THE OFFICE OF: VOLUNTEER FIREFIGHTER

**STATE OF CALIFORNIA
COUNTY OF SAN MATEO**

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Signature

Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.• If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single** and **have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2015	
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code				4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 _____	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ _____	
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶				7 _____	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details	1	\$
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$
4	Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.)	5	\$
6	Enter an estimate of your 2015 nonwage income (such as dividends or interest)	6	\$
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$
8	Divide the amount on line 7 by \$4,000 and enter the result here. Drop any fraction	8	
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	
5	Enter the number from line 1 of this worksheet	5	
6	Subtract line 5 from line 4	6	
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$
9	Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$

Table 1**Table 2**

Married Filing Jointly				All Others			
If wages from LOWEST paying job are—		Enter on line 2 above		If wages from LOWEST paying job are—		Enter on line 2 above	
\$0 - \$6,000		0		\$0 - \$8,000		0	
6,001 - 13,000		1		8,001 - 17,000		1	
13,001 - 24,000		2		17,001 - 26,000		2	
24,001 - 26,000		3		26,001 - 34,000		3	
26,001 - 34,000		4		34,001 - 44,000		4	
34,001 - 44,000		5		44,001 - 75,000		5	
44,001 - 50,000		6		75,001 - 85,000		6	
50,001 - 65,000		7		85,001 - 110,000		7	
65,001 - 75,000		8		110,001 - 125,000		8	
75,001 - 80,000		9		125,001 - 140,000		9	
80,001 - 100,000		10		140,001 and over		10	
100,001 - 115,000		11					
115,001 - 130,000		12					
130,001 - 140,000		13					
140,001 - 150,000		14					
150,001 and over		15					

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—		Enter on line 7 above	
\$0 - \$75,000		\$600	
75,001 - 135,000		1,000	
135,001 - 205,000		1,120	
205,001 - 360,000		1,320	
360,001 - 405,000		1,400	
405,001 and over		1,580	

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—		Enter on line 7 above	
\$0 - \$38,000		\$600	
38,001 - 83,000		1,000	
83,001 - 180,000		1,120	
180,001 - 395,000		1,320	
395,001 and over		1,580	

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div>3-D Barcode Do Not Write in This Space</div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial			B. Date of Rehire (if applicable) (mm/dd/yyyy):
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.			
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity		Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



Instructions for Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

- a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
- b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).
 - (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
 - (2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
 4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
 5. Sign and date the attestation on the date Section 2 is completed.
 6. Record the employer's business name and address.
 7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "**USCIS Privacy Act Statement**" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

CAL FIRE/COUNTY FIRE TRAINING

REFERENCE MATERIALS

The remainder of this packet is comprised of information that must be read prior to completing the **Volunteer Signature Sheet**, (page 5).

Please keep this information packet on file for your personal reference.

STATE OF CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION POSITION ESSENTIAL FUNCTIONS DUTIES STATEMENT PO-199 (04/01)		Working Title of Position EMR (Emergency Medical Responder)	
		Division and/or Subdivision Santa Cruz County Fire Department	
INSTRUCTIONS: The Director is required by Government Code Section 19818.12 to report (or to record) "...material changes in the duties of any position in his or her jurisdiction". The Position Essential Functions Duties Statement is used for this purpose. Enter identifying information and effective date at the right. Enter brief description of each of the important duties and responsibilities of the position below. Group related duties in numbered paragraphs and indicate the percentage of total time occupied. Indicate the "essential functions" of the position by placing an asterisk (*) in front of those individual duties you determine to be essential to the job. Discuss the duties with the employee assigned to the position. Both the employee and supervisor sign the document where indicated. The supervisor retains the original document and provides a copy to the employee.		Location of Headquarters	
		Class Title of Position	
		Position Number	
		Effective Date November 16, 2014	
Percentage of Time Required	Effective on the date indicated, the employee assigned to the position identified above performs the following duties and responsibilities.		
100%	<p>The EMS Responder works under the direction of the Volunteer Captain, Volunteer Company Officer or CAL FIRE Company Officer.</p> <p>General duties and responsibilities –</p> <p>An EMS responder will respond to medical calls and perform support responder duties.</p> <p>Specific duties –</p> <p>He/She will respond as an EMS responder to medical aid calls from your residence in your personal vehicle. EMS responders can respond to traffic collisions and perform medical care to patients out of the vehicle and that are located in a safe treatment area only. EMS responders will also perform support responder duties.</p> <p>He/She will perform limited support duties including: prevention and education programs, fundraising activities, company administrative assignments, station maintenance and assist with structure fire rehab, structure fire incident accountability and traffic control.</p> <p>Performs general housekeeping duties as required.</p> <p>Maintains competency in all required skills and certifications.</p> <p>** EMS responder will NOT respond on Fire Department apparatus.</p> <p><small>*These are the essential functions for this position. Essential functions are those functions that the individual who holds the position must be able to perform unaided or with the assistance of a reasonable accommodation.</small></p>		
Job qualifications and/or conditions of employment:			
"We have discussed this document in its entirety and understand the duties of this position."			
Employee Signature _____		Date _____	
Supervisor Signature _____		Date _____	
Personnel use only <input type="checkbox"/> Posted to Directory		Initials and date _____	

Working Title of Position

Percentage of Time
Required

Effective on the date indicated, the employee assigned to the position identified above performs the following duties and responsibilities.

*These are the essential functions for this position. Essential functions are those functions that the individual who holds the position must be able to perform unaided or with the assistance of a reasonable accommodation.

Job qualifications and/or conditions of employment:

"We have discussed this document in its entirety and understand the duties of this position."

Employee Signature
Personnel use only

Date

☐ Posted to Directory

Supervisor Signature

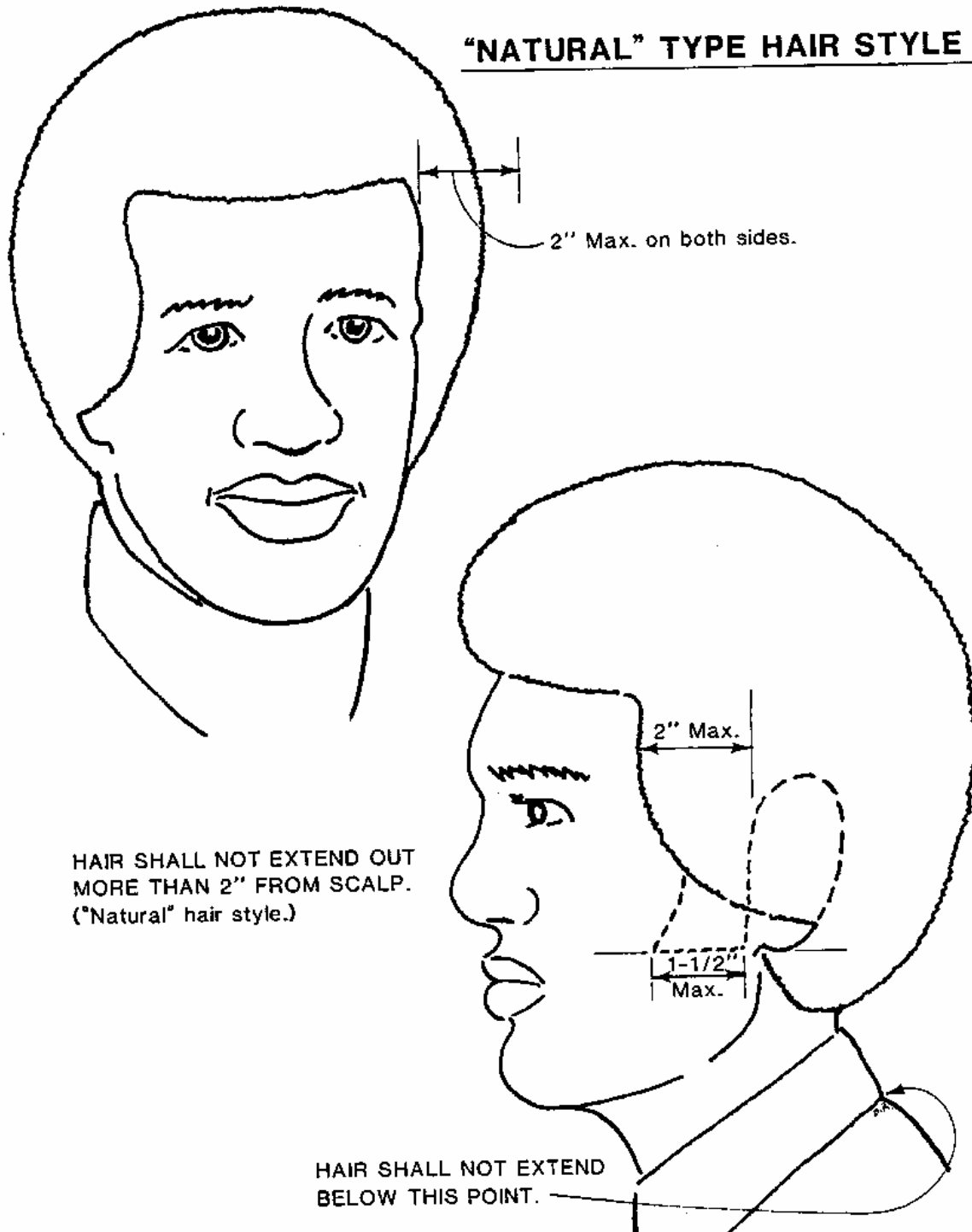
Date

Initials and Date

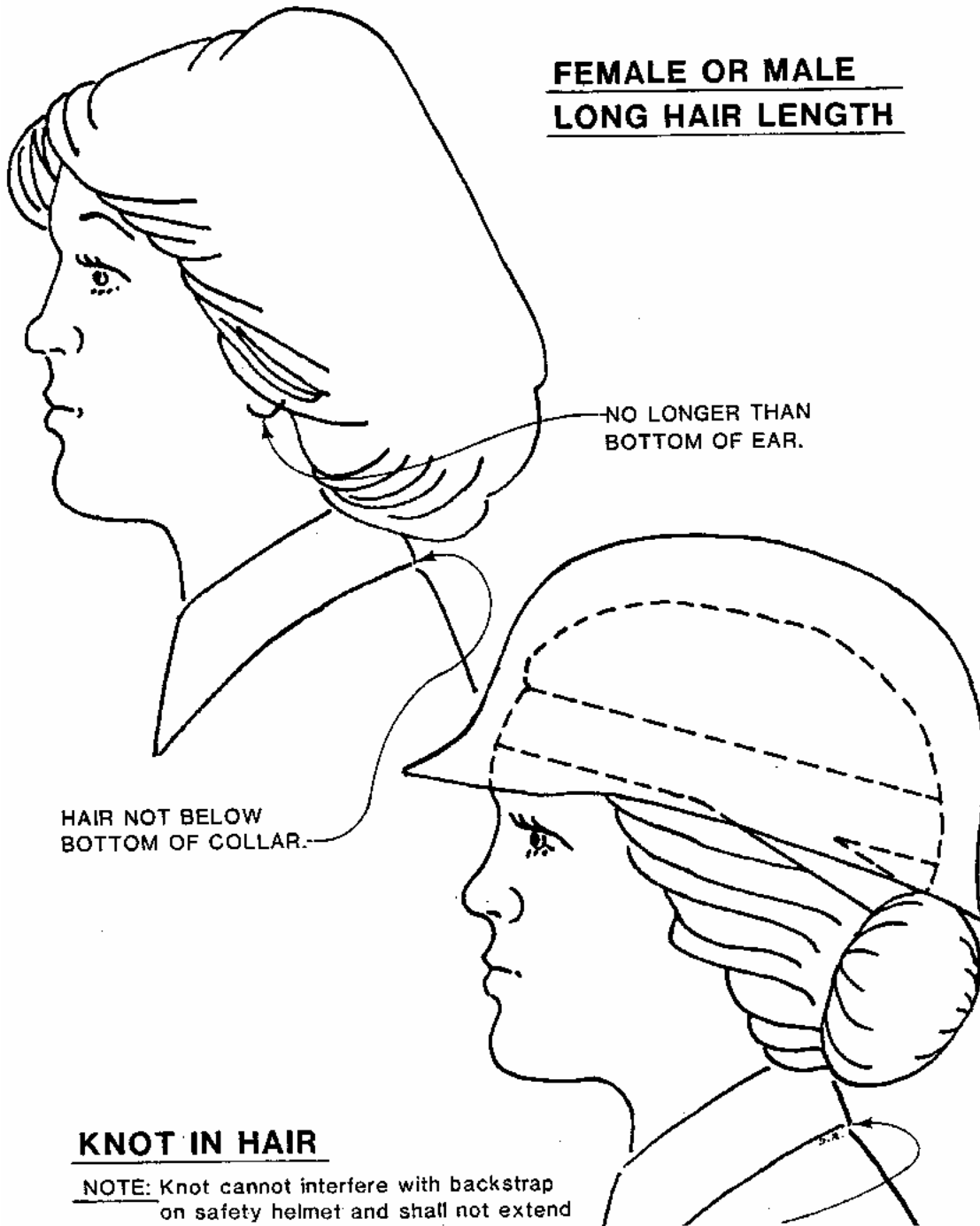
GROOMING STANDARDS (1000)

(September 1988)

"NATURAL" TYPE HAIR STYLE

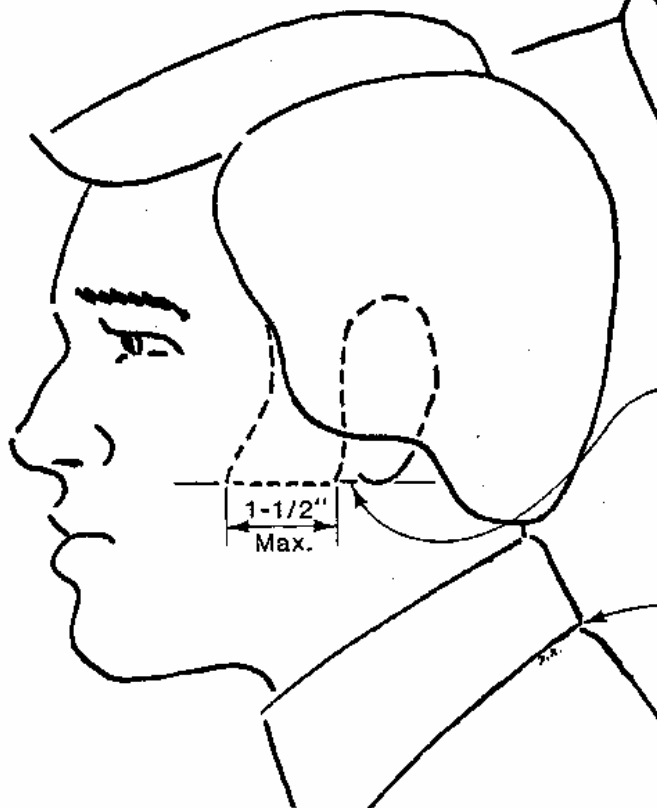
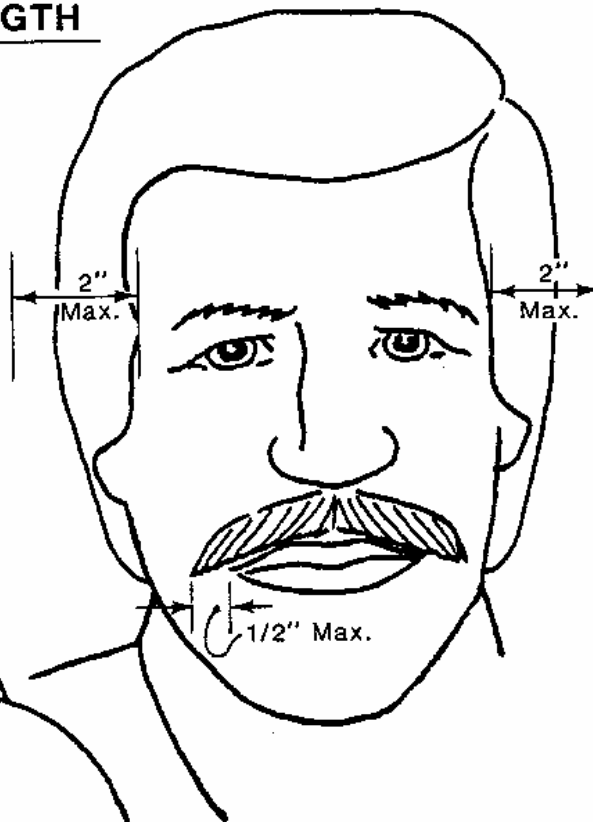


FEMALE OR MALE
LONG HAIR LENGTH



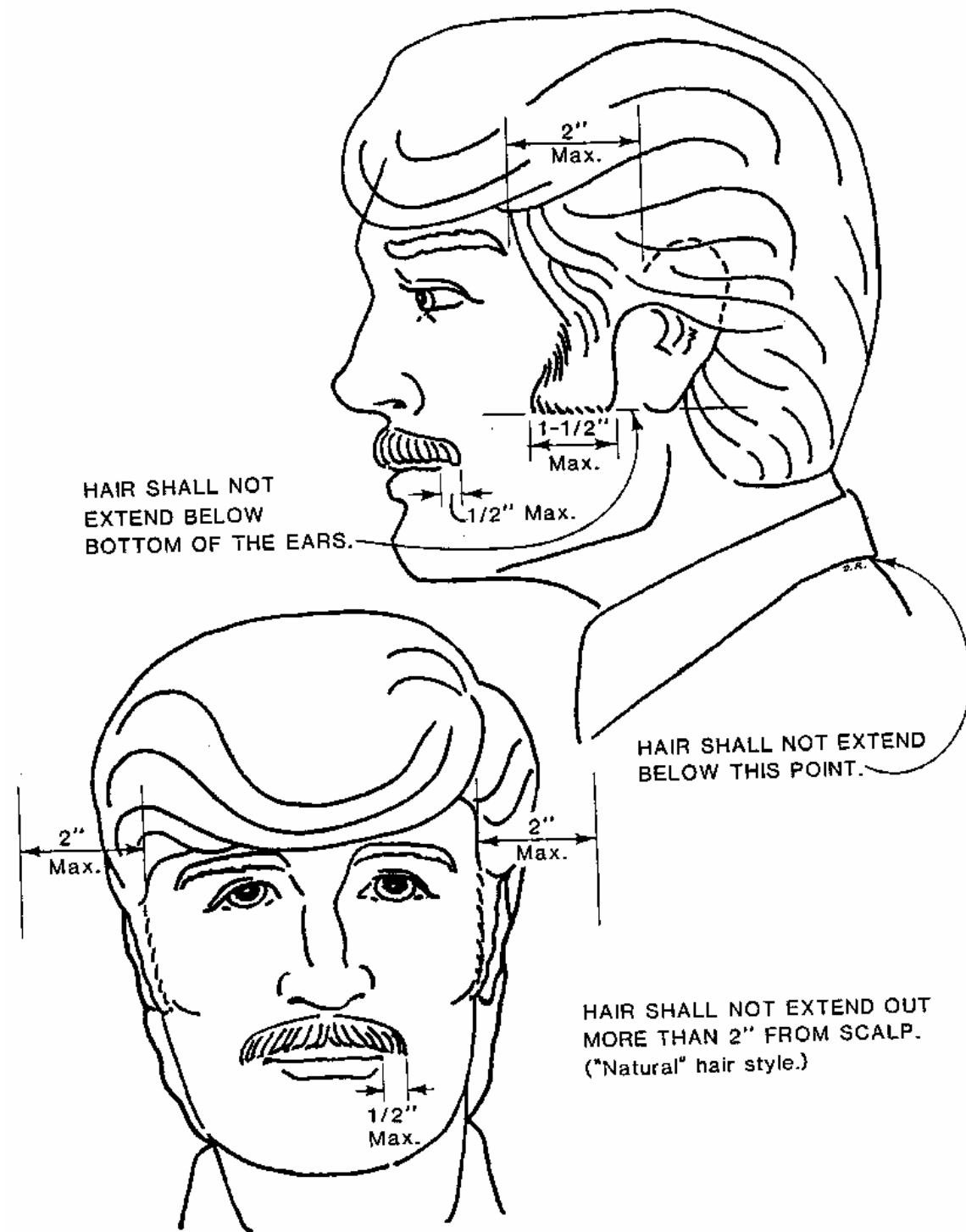
SIDEBURNS/HAIR LENGTH

HAIR SHALL NOT EXTEND OUT MORE THAN 2" FROM SCALP.
("Natural" hair style.)



SIDEBURNS SHALL NOT EXTEND BELOW BOTTOM OF EARS.

HAIR SHALL NOT EXTEND BELOW THIS POINT.



[\(see Table of Contents\)](#)

VOLUNTEER FIREFIGHTER ADMINISTRATIVE GUIDELINES

PUBLIC REPRESENTATION

Volunteer Company personnel are not authorized to speak for County Fire or represent a position related to the policies, operations or internal affairs of County Fire. As the general public does not always know who is authorized to speak for a public agency (e.g. County Fire), and may presume that a position represented by a volunteer company firefighter or EMR is a position of County Fire, it is mandatory that no such action be taken by any County Fire Volunteer without prior authorization from County Fire or his/her designee.

GENERAL STATION PRACTICES AND PROCEDURES

County Fire Officers (career and volunteer) shall be responsible for maintaining a clean, safe and professional looking fire station. The company officer will ensure that all County Firefighters and Emergency Medical Responders help to achieve and maintain this standard at all times.

Each County fire station shall have a current station operations/ cover crew guide developed by the company officer or their representatives. County Firefighters and Emergency Medical Responders will reference this guide for standard cover procedures and/or the daily routine of station operations. A current name, rank and phone number roster of the volunteer company personnel will be maintained in the guide.

All engine company officers will be instructed in the proper procedures of completing fire and rescue forms, daily equipment checkout (including SCBA's), and maintain station logs.

County Fire emergency apparatus equipment will be kept in a well maintained ready to respond state. Apparatus will be returned to this status after each emergency response and or local area travel.

EMERGENCY RESPONSE

County Fire Volunteer's private vehicles are prohibited by law from using emergency type warning lights (red and blue) and sirens. The flashing of headlights while enroute to an incident is also prohibited. The use of four-way vehicle flashers is only permitted when parked. No volunteer firefighter nor EMR shall exceed the posted speed limit while enroute to any call. Personal vehicles will be driven in a safe and sane manner at all times with all Vehicle Code laws adhered to.

Responding in personal vehicles to incidents is discouraged if the volunteer firefighter can safely arrive at the station in timely manner to respond on emergency apparatus. Volunteer firefighters and Emergency Medical Responders who respond directly to incidents shall exercise caution at all times. Personal vehicles shall be parked no closer than 150 feet to the incident.

Keep for your records

CAL FIRE/COUNTY FIRE VOLUNTEER FIREFIGHTER RULES OF CONDUCT AND GOVERNMENT CODE, SECTION 19572

As a public service department, there are established rules of conduct, which apply to all volunteers. These rules are based on the minimum acceptable standards of good behavior. Each company member will read and sign the Rules of Conduct and Government Code, Section 19572 form. The forms will be kept in their training file. In the event a company member fails to meet the established rules of conduct and Government Code, Section 199572, corrective action will be taken.

RULES OF CONDUCT

1. Maintain courtesy to the public and other agencies.
2. Avoid arguments at emergency scenes.
3. Refrain from horseplay during fire company operations.
4. No member shall be under the influence of ANY intoxicating substance, i.e. alcohol and drugs.
5. Perform their duties without undue discussion.
6. Do their best to complete all fire company operations in a safe and professional manner.
7. Comply with reasonable directions and order from appropriate supervisors of CAL FIRE/County Fire and VFC officers.
8. NOT misuse CAL FIRE/County Fire equipment, supplies, or funds.
9. Comply with County Fire safety rules and regulations.
10. No member shall accept any rewards, gifts tips, gratuity, or fee from any source for service rendered in the performance of duty, except as authorized by the Chief of the Department.
11. May not use the name of the Department, County or State for personal gain. No member shall use their badge, ID card, etc. in any way for personal gain.
12. Gambling, liquor, drugs, controlled substances, or fire arms are not permitted in any capacity in any fire station or on the grounds of same, nor are they permitted on any Department vehicle.
13. Only members authorized may ride on any department apparatus.
14. Each member shall comply with County Fire policies, rules, and regulations and all County, State and Federal laws. Failure to do so may result in dismissal from County Fire.

In addition to the Rules of Conduct a member is subject to Corrective Action for any of the following violations, which listed, in part, in the Government Code, Section 19572:

- a. Fraud in securing appointment
- b. Incompetence during duty
- c. Inefficiency during duty
- d. Inexcusable neglect of duty
- e. Insubordination during duty
- f. Dishonesty during duty
- g. Drunkenness on duty
- h. Intemperance
- i. Addiction to the use of narcotics or habit-forming drugs
- j. Inexcusable absence without leave
- k. Conviction of a felony or conviction of a misdemeanor involving moral turpitude. A plea or verdict of guilty, or a conviction following a plea of "nolo contendere", to charge of a felony or any offense involving moral turpitude is deemed to be a conviction within the meaning of this section.
- l. Discourteous treatment of the public or other employees
- m. Improper political activity
- n. Willful disobedience during duty
- o. Misuse of State or County property
- p. Other failure of good behavior either during or outside of duty hours which is of such a nature that it causes discredit to his/her membership therein.
- r. Unlawful discrimination, including harassment, on the basis of race, religious creed, color, national origin, ancestry, physical handicap, marital status, sex, or age, against the public or other employees while acting in the capacity of a state or county employee/member.
- s. Unlawful retaliation against any other state officer or employee or member of the public who in good faith reports, discloses, divulges, or otherwise brings to the attention of the Attorney General or any other appropriate authority, any facts or information relative to actual or suspected violation of any law of this state or the United States occurring on the job or directly related thereto.

CAL FIRE/COUNTY FIRE TRAINING

CHILD AND ELDERLY ABUSE REPORTING PROCEDURES

California State Firefighters and CAL FIRE/County Firefighters, being emergency health care providers are required, by law, to report and evidence of abuse to children and the elderly. Attached is a summary of the penal code that explains certain responsibilities of health care providers.

- ☐ Read and review this information.
- ☐ Keep the penal code summary for your reference.

EXCERPTS FROM THE PENAL CODE

11165. As used in this article "child" means a person under the age of 18 years.

11165.6. As used in this article, the term "child abuse or neglect" includes physical injury inflicted by other than accidental means upon a child by another person, sexual abuse as defined in Section 11165.1, neglect as defined in Section 11165.2, willful cruelty or unjustifiable punishment as defined in Section 11165.3, and unlawful corporal punishment or injury as defined in Section 11165.4. "Child abuse or neglect" does not include a mutual affray between minors. "Child abuse or neglect" does not include an injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment as a peace officer.

11165.7. (a) As used in this article, "mandated reporter" is defined as any of the following:

- (1) A teacher.
- (2) An instructional aide.
- (3) A teacher's aide or teacher's assistant employed by any public or private school.
- (4) A classified employee of any public school.
- (5) An administrative officer or supervisor of child welfare and attendance, or a certificated pupil personnel employee of any public or private school.
- (6) An administrator of a public or private day camp.
- (7) An administrator or employee of a public or private youth center, youth recreation program, or youth organization.
- (8) An administrator or employee of a public or private organization whose duties require direct contact and supervision of children.
- (9) Any employee of a county office of education or the California Department of Education, whose duties bring the employee into contact with children on a regular basis.
- (10) A licensee, an administrator, or an employee of a licensed community care or child day care facility.
- (11) A headstart teacher.
- (12) A licensing worker or licensing evaluator employed by a licensing agency as defined in Section 11165.11.
- (13) A public assistance worker.
- (14) An employee of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities.
- (15) A social worker, probation officer, or parole officer.
- (16) An employee of a school district police or security department.
- (17) Any person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in any public or private school.
- (18) A district attorney investigator, inspector, or local child support agency Caseworker unless the investigator, inspector, or caseworker is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor.
- (19) A peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2, who is not otherwise described in this section.
- (20) A firefighter, except for volunteer firefighters.

(21) A physician, surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, marriage, family and child counselor, clinical social worker, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.

(22) Any emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code.

(23) A psychological assistant registered pursuant to Section 2913 of the Business and Professions Code.

(24) A marriage, family and child therapist trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code.

(25) An unlicensed marriage, family, and child therapist intern registered under Section 4980.44 of the Business and Professions Code.

(26) A state or county public health employee who treats a minor for venereal disease or any other condition.

(27) A coroner.

(28) A medical examiner, or any other person who performs autopsies.

(29) A commercial film and photographic print processor, as specified in subdivision (e) of Section 11166. As used in this article, "commercial film and photographic print processor" means any person who develops exposed photographic film into negatives, slides, or prints, or who makes prints from negatives or slides, for compensation. The term includes any employee of such a person; it does not include a person who develops film or makes prints for a public agency.

(30) A child visitation monitor. As used in this article, "child visitation monitor" means any person who, for financial compensation, acts as monitor of a visit between a child and any other person when the monitoring of that visit has been ordered by a court of law.

(31) An animal control officer or humane society officer. For the purposes of this article, the following terms have the following meanings:

(A) "Animal control officer" means any person employed by a city, county, or city and county for the purpose of enforcing animal control laws or regulations.

(B) "Humane society officer" means any person appointed or employed by a public or private entity as a humane officer who is qualified pursuant to Section 14502 or 14503 of the Corporations Code.

(32) A clergy member, as specified in subdivision (c) of Section 11166. As used in this article, "clergy member" means a priest, minister, rabbi, religious practitioner, or similar functionary of a church, temple, or recognized denomination or organization.

(33) Any custodian of records of a clergy member, as specified in this section and subdivision (c) of Section 11166.

(34) Any employee of any police department, county sheriff's department, county probation department, or county welfare department.

(35) An employee or volunteer of a Court Appointed Special Advocate program, as defined in Rule 1424 of the Rules of Court.

(36) A custodial officer as defined in Section 831.5.

(b) Volunteers of public or private organizations whose duties require direct contact and supervision of children are encouraged to obtain training in the identification and reporting of child abuse.

(c) Training in the duties imposed by this article shall include training in child abuse identification and training in child abuse reporting. As part of that training, school districts shall provide to all employees being trained a written copy of the reporting requirements and a written disclosure of the employees' confidentiality rights.

(d) School districts that do not train their employees specified in subdivision (a) in the duties of mandated reporters under the child abuse reporting laws shall report to the State Department of Education the reasons why this training is not provided.

(e) The absence of training shall not excuse a mandated reporter from the duties imposed by this article.

11166. (a) Except as provided in subdivision (c), a mandated reporter shall make a report to an agency specified in Section 11165.9 whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter shall make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. The mandated reporter may include with the report any non-privileged documentary evidence the mandated reporter possesses relating to the incident.

(1) For the purposes of this article, "reasonable suspicion" means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse or neglect. For the purpose of this article, the pregnancy of a minor does not, in and of itself, constitute a basis for a reasonable suspicion of sexual abuse.

(2) The agency shall be notified and a report shall be prepared and sent even if the child has expired, regardless of whether or not the possible abuse was a factor contributing to the death, and even if suspected child abuse was discovered during an autopsy.

(3) A report made by a mandated reporter pursuant to this section shall be known as a mandated report.

(b) Any mandated reporter who fails to report an incident of known or reasonably suspected child abuse or neglect as required by this section is guilty of a misdemeanor punishable by up to six months confinement in a county jail or by a fine of one thousand dollars (\$1,000) or by both that fine and punishment.

(c) (1) A clergy member who acquires knowledge or a reasonable suspicion of child abuse or neglect during a penitential communication is not subject to subdivision (a). For the purposes of this subdivision, "penitential communication" means a communication, intended to be in confidence, including, but not limited to, a sacramental confession, made to a clergy member who, in the course of the discipline or practice of his or her church, denomination, or organization, is authorized or accustomed to hear those communications, and under the discipline, tenets, customs, or practices of his or her church, denomination, or organization, has a duty to keep those communications secret.

(2) Nothing in this subdivision shall be construed to modify or limit a clergy member's duty to report known or suspected child abuse or neglect when the clergy member is acting in some other capacity that would otherwise make the clergy member a mandated reporter.

(3) (A) On or before January 1, 2004, a clergy member or any custodian of records for the clergy member may report to an agency specified in Section 11165.9 that the clergy member or any custodian of records for the clergy member, prior to January 1, 1997, in his or her professional capacity or within the scope of his or her employment, other than during a penitential communication, acquired knowledge or had a reasonable suspicion that a child had been the victim of sexual abuse that the clergy member or any custodian of records for the clergy member did not previously report the abuse to an agency specified in Section 11165.9. The provisions of Section 11172 shall apply to all reports made pursuant to this paragraph.

(B) This paragraph shall apply even if the victim of the known or suspected abuse has reached the age of majority by the time the required report is made.

(C) The local law enforcement agency shall have jurisdiction to investigate any report of child abuse made pursuant to this paragraph even if the report is made after the victim has reached the age of majority.

(d) Any commercial film and photographic print processor who has knowledge of or observes, within the scope of his or her professional capacity or employment, any film, photograph, videotape, negative, or slide depicting a child under the age of 16 years engaged in an act of sexual conduct, shall report the instance of suspected child abuse to the law enforcement agency having jurisdiction over the case immediately, or as soon as practically possible, by telephone, and shall prepare and send a written report of it with a copy of the film, photograph, videotape, negative, or slide attached within 36 hours of receiving the information concerning the incident. As used in this subdivision, "sexual conduct" means any of the following:

(1) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex or between humans and animals.

(2) Penetration of the vagina or rectum by any object.

(3) Masturbation for the purpose of sexual stimulation of the viewer.

(4) Sadomasochistic abuse for the purpose of sexual stimulation of the viewer.

(5) Exhibition of the genitals, pubic, or rectal areas of any person for the purpose of sexual stimulation of the viewer.

(e) Any other person who has knowledge of or observes a child whom he or she knows or reasonably suspects has been a victim of child abuse or neglect may report the known or suspected instance of child abuse or neglect to an agency specified in Section 11165.9.

(f) When two or more persons, who are required to report, jointly have knowledge of a known or suspected instance of child abuse or neglect, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

(g) (1) The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties, and no person making a report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with this article.

(2) The internal procedures shall not require any employee required to make reports pursuant to this article to disclose his or her identity to the employer.

(3) Reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person shall not be a substitute for making a mandated report to an agency specified in Section 11165.9.

(h) A county probation or welfare department shall immediately, or as soon as practically possible, report by telephone, fax, or electronic transmission to the law enforcement agency having jurisdiction over the case, to the agency given the responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code, and to the district attorney's office every known or suspected instance of child abuse or neglect, as defined in Section 11165.6, except acts or omissions coming within subdivision

(b) of Section 11165.2, or reports made pursuant to Section 11165.13 based on risk to a child which relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse, which shall be reported only to the county welfare or probation department. A county probation or welfare department also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision.

(i) A law enforcement agency shall immediately, or as soon as practically possible, report by telephone to the agency given responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code and to the district attorney's office every known or suspected instance of child abuse or neglect reported to it, except acts or omissions coming within subdivision (b) of Section 11165.2, which shall be reported only to the county welfare or probation department. A law enforcement agency shall report to the county welfare or probation department every known or suspected instance of child abuse or neglect reported to it which is alleged to have occurred as a result of the action of a person responsible for the child's welfare, or as the result of the failure of a person responsible for the child's welfare to adequately protect the minor from abuse when the person responsible for the child's welfare knew or reasonably should have known that the minor was in danger of abuse. A law enforcement agency also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision.

11167. (a) Reports of suspected child abuse or neglect pursuant to Section 11166 shall include, if known, the name, business address, and telephone number of the mandated reporter, and the capacity that makes the person a mandated reporter; the child's name and address, present location, and, where applicable, school, grade, and class; the names, addresses, and telephone numbers of the child's parents or guardians; the information that gave rise to the reasonable

suspicion of child abuse or neglect and the source or sources of that information; and the name, address, telephone number, and other relevant personal information about the person or persons who might have abused or neglected the child. The mandated reporter shall make a report even if some of this information is not known or is uncertain to him or her.

(b) Information relevant to the incident of child abuse or neglect may be given to an investigator from an agency that is investigating the known or suspected case of child abuse or neglect.

(c) Information relevant to the incident of child abuse or neglect, including the investigation report and other pertinent materials, may be given to the licensing agency when it is investigating a known or suspected case of child abuse or neglect.

(d) (1) The identity of all persons who report under this article shall be confidential and disclosed only among agencies receiving or investigating mandated reports, to the district attorney in a criminal prosecution or in an action initiated under Section 602 of the Welfare and Institutions Code arising from alleged child abuse, or to counsel appointed pursuant to subdivision (c) of Section 317 of the Welfare and Institutions Code, or to the county counsel or district attorney in a proceeding under Part 4 (commencing with Section 7800) of Division 12 of the Family Code or Section 300 of the Welfare and Institutions Code, or to a licensing agency when abuse or neglect in out-of-home care is reasonably suspected, or when those persons waive confidentiality, or by court order.

(2) No agency or person listed in this subdivision shall disclose the identity of any person who reports under this article to that person's employer, except with the employee's consent or by court order.

(e) Persons who may report pursuant to subdivision (e) of Section 11166 are not required to include their names.

EXCERPTS FROM THE WELFARE AND INSTITUTIONS CODE

DEFINITION OF "ELDER"

15610.27. "Elder" means any person residing in this state, 65 years of age or older.

DEFINITION OF DEPENDENT ADULT

15610.23. (a) "Dependent adult" means any person between the ages of 18 and 64 years who resides in this state and who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities, or whose physical or mental abilities have diminished because of age.

(b) "Dependent adult" includes any person between the ages of 18 and 64 years who is admitted as an inpatient to a 24-hour health facility, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.

DEFINITION OF DEVELOPMENTALLY DISABLED PERSON

15610.25. "Developmentally disabled person" means a person with a developmental disability specified by or as described in subdivision of Section 4512.

DEFINITION OF "PHYSICAL ABUSE"

15610.63. "Physical abuse" means any of the following:

- (a) Assault, as defined in Section 240 of the Penal Code.
- (b) Battery, as defined in Section 242 of the Penal Code.
- (c) Assault with a deadly weapon or force likely to produce great bodily injury, as defined in Section 245 of the Penal Code.
- (d) Unreasonable physical constraint, or prolonged or continual deprivation of food or water.
- (e) Sexual assault, that means any of the following:
 - (1) Sexual battery, as defined in Section 243.4 of the Penal Code.
 - (2) Rape, as defined in Section 261 of the Penal Code.
 - (3) Rape in concert, as described in Section 264.1 of the Penal Code.
 - (4) Spousal rape, as defined in Section 262 of the Penal Code.
 - (5) Incest, as defined in Section 285 of the Penal Code.
 - (6) Sodomy, as defined in Section 286 of the Penal Code.
 - (7) Oral copulation, as defined in Section 288a of the Penal Code.
 - (8) Sexual penetration, as defined in Section 289 of the Penal Code.
- (f) Use of a physical or chemical restraint or psychotropic medication under any of the following conditions:
 - (1) For punishment.
 - (2) For a period beyond that for which the medication was ordered pursuant to the instructions of a physician and surgeon licensed in the State of California, who is providing medical care to the elder or dependent adult at the time the instructions are given.
 - (3) For any purpose not authorized by the physician and surgeon.

15610.65. "Reasonable suspicion" means an objectively reasonable suspicion that a person would entertain, based upon facts that could cause a reasonable person in a like position, drawing when appropriate upon his or her training and experience, to suspect abuse.

Santa Cruz County Fire Department

Physical and Mental Stress Statement
EMR (Emergency Medical Responder)

A description of the physical and mental stresses a volunteer EMR (Emergency Medical Responder) may be subjected is given below. Your judgment as to the volunteer's capacity to perform the required job duties is needed. In your conclusion, take into account the long range outlook for continued performance and the employee's ability to safely perform these duties without significant increased risk of injury to self or others due to medical condition.

The support and EMS responder is assigned to either an urban or rural area and must have endurance to respond and perform a variety of duties including: prevention and education programs, fundraising activities, company administrative assignments, station maintenance, assist with structure fire rehab, structure fire incident accountability and traffic control. In addition, the EMS responder will also respond to medical aid calls and perform CPR as needed.

The support and EMS responder must have hearing adequacy within speech frequencies (uncorrected), full use of hands and feet, the necessary strength and agility required for extensive bending, stooping and squatting. He or she must be able to move objects up to 50 pound.

Duties involve field work requiring physical performances involving average ability.

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ THE CAL FIRE/COUNTY FIRE PHYSICAL/MENTAL STRESS JOB DESCRIPTION FOR THE EMPLOYEE NAMED BELOW AND THAT IN HIS/HER JUDGMENT THE EMPLOYEE'S CAPACITY TO PERFORM THE REQUIRED DUTIES, HAS BEEN TAKEN INTO ACCOUNT FOR THE LONG-RANGE OUTLOOK FOR CONTINUED PERFORMANCE, AND THE EMPLOYEE'S STATUS TO SAFELY PERFORM THESE DUTIES WITHOUT SIGNIFICANT INCREASED RISK OF INJURY TO SELF OR OTHERS BECAUSE OF MEDICAL CONDITION HAS BEEN DESIGNATED.		
EMPLOYEE NAME (PRINT)		VOLUNTEER COMPANY
PHYSICIAN'S RECOMMENDATIONS:	<input type="checkbox"/> DO NOT RELEASE TO FULL DUTY	DATE
	<input type="checkbox"/> RELEASE TO FULL DUTY	DATE
MEDICAL PROVIDER'S NAME (PRINT)		
MEDICAL PROVIDER'S SIGNATURE		
ADDRESS (PRINT)		
TELEPHONE		

CAL FIRE/COUNTY FIRE PHYSICAL AND MENTAL STRESS JOB DESCRIPTION

VOLUNTEER FIREFIGHTER

A DESCRIPTION IS GIVEN BELOW OF THE PHYSICAL AND MENTAL STRESSES TO WHICH A VOLUNTEER FIREFIGHTER IS SUBJECTED TO AT CAL FIRE/COUNTY FIRE. YOUR JUDGMENT IS NEEDED AS TO THE APPLICANT'S CAPACITY TO PERFORM THE REQUIRED DUTIES. IN YOUR CONCLUSION, TAKE INTO ACCOUNT THE LONG-RANGE OUTLOOK FOR CONTINUED PERFORMANCE AND THE APPLICANT'S ABILITY TO SAFELY PERFORM THESE DUTIES WITHOUT SIGNIFICANT INCREASED RISK OF INJURY TO SELF OR OTHERS BECAUSE OF MEDICAL CONDITION.

The Volunteer Firefighter is a member of a fire crew and works under close supervision of a Fire Apparatus Engineer, Fire Captain or Battalion Chief to perform the full range of firefighting duties in suppression of vehicle, building and vegetation fires.

Specifically, the Volunteer Firefighter responds to alarms as a member of a fire crew on such fire apparatus as engines, water tenders and squad/rescue vehicles; connects, lays, and operates hose lines; enters burning areas and structures with charged hose lines; uses hand tools and fire equipment to contain and suppress fire. The individual, as a crew member of a rescue unit, assists in Emergency Medical Service, response rescue, and salvage operations. Also assists in performing fire prevention inspections; assists in equipment maintenance and repair; inspects, cleans and repairs fire hose and equipment, sharpens fire tools; may operate motor vehicles in emergency and non-emergency situations; may assist in the training of other fire personnel.

The Volunteer Firefighter must have the ability to read and write English at a level for successful job performance; learn to operate fire apparatus and special fire suppression equipment efficiently and safely; do heavy physical work; follow oral and written directions; write legibly; exercise good judgment in hazardous fire suppression activity; analyze situations accurately and take effective action; work compatibly with others, and be able to work in situations where heat is intense; in addition, to tolerate heavy smoke, dust and exposure environments.

The individual must possess: visual acuity (Snellen) of not less than 20/100 without correction in each eye corrected to not less than 20/30 in one eye; color vision sufficient to discriminate between electrical cable and pipe color coding, and color vision sufficient to correctly identify vehicle colors; hearing adequacy within speech frequency (uncorrected); normal use of both hands and both feet; physical strength and agility; weight in proportion to height; no more than mildly susceptible to poison oak.

CATEGORY I - ARDUOUS PHYSICAL WORK

Duties involve field work requiring physical performance calling for above-average ability, endurance, and superior condition, including occasional demand for extraordinarily strenuous activities in emergencies, under adverse environmental conditions and over extended periods of time; requires running, walking, difficult climbing, jumping, twisting, bending and lifting over 25 pounds; and the pace of work is typically set by the emergency situation.

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ THE CAL FIRE/COUNTY FIRE PHYSICAL/MENTAL STRESS JOB DESCRIPTION FOR THE EMPLOYEE NAMED BELOW AND THAT IN HIS/HER JUDGMENT THE EMPLOYEE HAS THE CAPACITY TO PERFORM THE REQUIRED DUTIES, HAS TAKEN INTO ACCOUNT THE LONG-RANGE OUTLOOK FOR CONTINUED PERFORMANCE, AND THE EMPLOYEE IS ABLE TO SAFELY PERFORM THESE DUTIES WITHOUT SIGNIFICANT INCREASED RISK OF INJURY TO SELF OR OTHERS BECAUSE OF MEDICAL CONDITION.

EMPLOYEE NAME (PRINT)

WORK UNIT

MEDICAL PROVIDER'S NAME (PRINT)

DATE

MEDICAL PROVIDER'S SIGNATURE

ADDRESS (PRINT)

TELEPHONE

Memorandum

To: All San Mateo-Santa Cruz Personnel

Date: 4/9/2015

Telephone: 831-335-6745

From: **Jed Wilson**
Battalion Chief, Training

Subject: Hepatitis B Inoculations

If you need to get your Hepatitis B shots, please call the Training Office for a form packet and appointment instructions. The location address and telephone number where Santa Cruz County personnel may receive their Hepatitis B shot is:

Santa Cruz Occupational Medical Center
3601 Caldwell Drive
Soquel, CA 95073
831-576-3000

The location address and telephone number where the San Mateo County personnel may receive their Hepatitis B shots is:

Kaiser Permanente
1400 Veterans Blvd., 1st Floor
Redwood City, CA 94063
650-299-4785

If you need to get your Hepatitis B shots, please call the clinic first to set up an appointment and identify yourself as either a Santa Cruz County fire employee or a San Mateo County employee; they will bill us for the cost.

If you have any questions, call the training office.

Sincerely,
Scott Jalbert
Unit Chief

By: Jed Wilson
Battalion Chief, Training