

Santa Cruz County Fire Department



Volunteer Firefighter Handbook

Information and Guidelines for Volunteer Firefighters

Developed by the
Santa Cruz County Fire Company Officers
In cooperation with CAL FIRE / Santa Cruz County Fire
Department

October 23, 1998

- 1st Revision, November 2003
- 2nd Revision, November 2006
- 3rd Revision, December 2011
- 4th Revision, January 2014
- 5th Revision, July 2014
- 6th Revision, April 2015
- 7th Revision, May 2015

Volunteer Firefighter Handbook

Table of Contents

Section 1	Santa Cruz County Fire Department /CAL FIRE, City Fire Departments, & Fire Protection Districts	3
Section 2	Personnel	13
Section 3	Safety	28
Section 4	Accident/Injury Reporting	29
Section 5	Training	30
Section 6	County Equipment	36
Section 7	Dispatch	36
Section 8	Finance	36
Section 9	Definitions	37
Section 10	Changes and Revisions	38
	Appendices	39

PURPOSE

In order to establish and maintain the necessary uniformity of action within the Santa Cruz County Fire Department, this **Volunteer Firefighters Handbook** has been developed and will be maintained and updated as needed. All proposed changes or updates will be processed as outlined in section 10. It will be the responsibility of the Deputy Chief of the Santa Cruz County Fire Department to prepare and issue any approved changes.

The intention of this Handbook is to provide a set of guidelines for Volunteer Firefighters. It includes state and federal mandated requirements as well as additional requirements recommended by the attendees of the Company Officers' meetings. Mandated requirements will be clearly identified wherever mentioned and are also collected in an Appendix for ease of reference.

1. THE SANTA CRUZ COUNTY FIRE DEPARTMENT

1.1 DESCRIPTION

The Santa Cruz County Fire Department provides the delivery of structural fire protection, first responder emergency medical services, and public fire safety education to the unincorporated areas of the Santa Cruz County not served by a fire protection district. (See the County Map)

The Santa Cruz County Fire Department provides emergency response services from fourteen fire stations. These stations are staffed by volunteer companies, or by career CAL FIRE personnel, or by career and volunteer companies. Two additional CAL FIRE stations within the boundaries of the County Fire Department are staffed with CAL FIRE personnel during the fire season and respond to County Fire Department incidents when they are available.

County Service Area (CSA) 48 contains all areas served by the County Fire Department, except the Pajaro Dunes development, which constitutes County Service Area 4. (See the County Map)

1.2 ORGANIZATION

Board of Supervisors

Pursuant to the provisions of the California Constitution, the Santa Cruz County Board of Supervisors governs the Santa Cruz County unincorporated area and is the executive and legislative governing body of the County of Santa Cruz. The Board directs overall operations of the various county departments and districts by establishing policies and approving the budgets and financing for all of county government and certain special districts. The Board of Supervisors is the Board of Directors of the service area that makes up the Santa Cruz County Fire Department.

County Administrative Officer

The County Administrative Officer (CAO) works under the policies and directions of the Board of Supervisors to provide for the effective functioning of county government. The duties of the CAO are specified in the County Code and include preparation and supervision of the county's budget and Capital Improvement Program, legislative analysis, contract administration, inter-governmental relations, and supervision of non-elected department heads.

County Fire Chief

The San Mateo – Santa Cruz Unit Chief serves as the County Fire Chief under the direction of the Santa Cruz County Board of Supervisors and the CAO. The County Fire Chief is responsible for the administration and control of the Santa Cruz County Fire Department in order to provide fire prevention, fire suppression, and rescue services to the residents of Santa Cruz County and maintain and/or improve fire insurance ratings. Responsibilities include:

- Provides leadership and management direction in the selection, training, utilization, and evaluation of Fire Department personnel;
- Directs major department programs which include fire prevention, public education, fire inspection, arson investigation, fire suppression, emergency medical response, and other related emergency services;
- Administers and interprets work rules, policies, and procedures.
- Preparation and development of the departmental budget;
- The maintenance, repair, improvement, and replacement of equipment, fire stations, and other facilities;
- The inventory and requisitioning of materials, supplies and equipment;
- The continuing development and utilization of a fire communications system;
- The preparation of records and reports.
- Makes presentations to the Santa Cruz County Board of Supervisors;
- Advises the Board of Supervisors annually on the status of insurance ratings;
- Attends public functions;
- Promotes fire safety and prevention;
- Maintains relations with other jurisdictions;
- Directs and controls community volunteer fire companies in the County Fire Department in order to integrate volunteer efforts with those of full-time paid personnel.

County Operations Chief (Deputy Chief)

- Assist the County Fire Chief in their duties and responsibilities;
- Supervises all Battalion Chiefs assigned to the Division;
- Responsible for operations;
- Chairs bi-monthly Company Officer Meetings.

General Services Department

The County Office of Emergency Services Administrator works under the policies of the Board of Supervisors and the CAO. He or she is responsible for the preparation and implementation of the emergency response plan for the county and administration of the fire protection contract with the organization contracted to run the County Fire Department, currently CAL FIRE.

Senior Departmental Analyst

The Senior Departmental Analyst is a state employee who assists in the preparation and administration of the annual fire department budget, manages county purchasing, assists in updating and implementing the fire department master plan, performs administrative staff functions for the Office of Emergency Services, the FDAC, and the Company Officers, advises CAL FIRE staff on county issues, and serves as liaison between county administration and the fire department.

Santa Cruz County Fire Department Advisory Commission

In 1986, at the urging of several volunteer firefighters and auxiliary fire company members, the Santa Cruz County Board of Supervisors agreed to create the Santa Cruz County Fire Department Advisory Committee. In 1997 the status was upgraded to a Commission. This Commission, made up of a volunteer representative, a representative of County OES, and members of the public appointed by the Board of Supervisors has the responsibility to advise the Board of Supervisors and the County Fire Chief on the following:

- The preparation and implementation of the County Fire Department Master Plan;
- How the county's fire protection, rescue, and emergency medical services program can be improved and made more cost effective;
- The budget priorities of the County Fire Department, along with specific recommendations;
- The changing role or mission of each of the volunteer fire companies and the resulting changes in their requirements;
- Such other matters relating to the county's fire protection, rescue and emergency medical services program as the commission desires to bring to the attention of the Fire Chief and Board of Supervisors (Ord. 4455 1 (part), 1997)

County Fire Department Company Officers

Each volunteer company is represented by a Company Officer at bi-monthly Company Officer meetings. These meetings are also attended by the Fire Chief, the Santa Cruz Division Chief, the Battalion Chiefs (including the staff chiefs for the ECC, Training, the automotive program), and available CAL FIRE Company Officers. The Company Officer meetings are an opportunity for career staff and volunteers to share pertinent information regarding operations. It also provides a forum for the Company Officers to voice concerns regarding facilities, vehicle maintenance, equipment needs, and other

issues. Volunteer companies are represented on the FDAC by a volunteer member of the Santa Cruz County Fire Department.

1.3 VOLUNTEER FIREFIGHTERS

Volunteers are individuals dedicated to helping their local communities in time of need. They spend many hours training to be qualified to respond professionally and safely during an emergency.

Five volunteer companies/teams have joined to form the County Fire Department from volunteer fire organizations, many of which were created more than 45 years ago. Volunteer firefighters perform the full range of emergency response duties. They have been, and are constantly being trained in fire protection, emergency medical service, rescue, vehicle extrication, and equipment operation.

Many of these groups have purchased equipment on their own by way of fund raising events, supplementing the equipment paid for by the County of Santa Cruz. These companies provide protection within the County Fire Department jurisdiction, in conjunction with the stations staffed by CAL FIRE personnel. The talent and skills that volunteers bring to their communities and the County Fire Department from their daily professions are immeasurable.

Volunteer Company	Company #	Stations Supported
Bonny Doon	32	Bonny Doon, Mc Dermott
Corralitos	41	Corralitos
Davenport	37	Davenport
Loma Prieta	36	Loma Prieta, Summit Woods, Burrell
South Skyline	29	Las Cumbres, Saratoga Summit

Volunteer Non-profit Auxiliary Organizations

Some of the volunteer companies started as business associations, which have become incorporated non-profit organizations. The purpose of these organizations is to promote the structure and continuance of the local volunteers in the community. These organizations raise funds through events such as barbecues and pancake breakfasts. They also accept donations to support the purchase of equipment and property that is not readily available through County Fire Department funding. Several of these groups provided the funding for the construction of the building(s) they now occupy. Funds raised are also spent to purchase additional equipment and to maintain facilities that house County Fire Department equipment.

The Current Auxiliary Organizations Are:

Volunteer Company	Auxiliary
Bonny Doon	Bonny Doon Volunteer Fire/Rescue, Inc.
Corralitos	Corralitos Volunteer Fire, Inc.
Davenport	Davenport Fire & Rescue Auxiliary, Inc.
Loma Prieta	Loma Prieta Fire and Rescue, Inc.
South Skyline	South Skyline Firefighters

1.4 CAL FIRE

CAL FIRE has primary responsibility for the delivery of wildland fire protection services in the State Responsibility Area (SRA) within the county. The SRA encompasses a major portion of Santa Cruz County including some areas within the fire districts.

CAL FIRE operates ten fire stations and a conservation camp in Santa Cruz County, during the fire season, to meet this responsibility. The County of Santa Cruz contracts with CAL FIRE to keep these stations open during the non-wildland fire season, (winter months), and to manage the County Fire Department.

The County of Santa Cruz contracts with CAL FIRE for operational management of the County Fire Department and coordination of the delivery of fire protection and first responder emergency medical services. This program is consistent with the CAL FIRE statewide policy of developing cooperative fire protection programs with local government to produce effective services through the best use of available resources. The CAL FIRE Unit Chief serves as the County Fire Chief of the Santa Cruz County Fire Department.

Fire Stations	Geographical Location	Winter Funding
Big Creek	Swanton	yes
Burrell	Summit	yes
Corralitos	Corralitos	yes
Fall Creek	Bonny Doon	yes
Jamison Creek	Boulder Creek	no
Pajaro Dunes	Pajaro Dunes	yes
Saratoga Summit	South Skyline	yes
Soquel	Nisene Marks	no

The services provided by CAL FIRE in its contractual role as the Santa Cruz County Fire Department include:

- Supervision and management operations of all 15 (8 CAL FIRE and 7 County Fire Department volunteer stations), career and volunteer firefighters.
- Preparation and administration of the annual budget.
- Develop and conduct training programs for volunteer and career personnel.
- Assist volunteer companies in their recruitment efforts.
- Provide fire suppression and first responder emergency medical services through volunteer and career companies.
- Provide operational management of emergency incidents
- Conduct fire safety & public education programs.
- Assist the County Emergency Medical Services Agency to provide CPR (cardio-pulmonary resuscitation) and first aid training.
- Provide automotive fleet management, including specification development, preventive maintenance and coordination of repairs.
- Plan and coordinate facilities construction and maintenance,
- Provide emergency dispatch services.
- Develop a unified county fire response map and dispatch system.
- Support the development and retention of volunteers.
- The County Fire Chief currently serves as the Operational Area Fire and Rescue Coordinator for the State Office of Emergency Services (OES) by election of the Santa Cruz County Chief's Association.

The County Fire Marshal (the CAL FIRE Unit Chief) is responsible for fire prevention services in those areas served by the County Fire Department which include:

- New construction plan review to enforce the provisions of the County Fire Code, the International Building Code (IBC) and the fire safety provisions of the California Code of Regulations (CCR Title 19 and Title 24).
- New construction field inspections to assure that fire protection requirements are met, per County Fire Code and the CCR.
- Periodic inspection of existing occupancies to maintain enforcement of County Fire Code and the CCR.
- Coordination with other county agencies (Planning, Building Inspection, Public Works, etc.) to assure that fire protection requirements of new developments are provided and maintained.
- Responsible for the assignment of street naming and street address numbering in Santa Cruz County. (Exception: The Cities of Watsonville, Capitola and Santa Cruz)
- Coordinate with the County Planning Department to maintain a current Fire Safety Element in the County General Plan.

Career Firefighters

The career firefighters of the County Fire Department are CAL FIRE employees and are funded by a combination of State and County funds. In addition to providing fire suppression and first responder emergency medical services, these personnel supervise and manage the volunteer fire companies, conduct fire prevention programs and inspections, coordinate the maintenance, repair, and construction of County Fire Department apparatus and facilities, and provide operational management of emergency incidents.

Seasonal Firefighters

CAL FIRE hires up to 100 seasonal firefighters to augment its career staff during the wildland fire season. They receive training and perform a full range of duties and emergency response. At the end of the wildland fire season, most of these firefighters are laid off. Some firefighters are retained through the winter period to maintain three personnel per engine at each of the five contract-staffed CAL FIRE stations.

Reserve/Student Firefighters

The County Fire Department uses reserve or student (sleeper) firefighters at some stations. A Reserve or student sleeper is typically a college student majoring in Fire Protection Technology and is looking for work experience and career enhancement. The individual may receive a minimum wage or salary. The Reserve receives training and performs normal in-station duties as well as responding to emergency calls. Reserve Firefighters do not replace career firefighters but the augmented staffing level resulting from this program is a benefit to the County Fire Department.

Ben Lomond Fire Camp

The Ben Lomond California Department of Corrections and Rehabilitation (CDCR) is located on upper Empire Grade Road in Bonny Doon.

The camp houses 100 CDCR inmates and is jointly operated by CAL FIRE and CDCR. The inmates are assigned to crews under the supervision of a CAL FIRE Fire Captain. CAL FIRE uses these crews for fire suppression and fire road and fuel break maintenance. In addition, the crews are used for other public projects including state and local park maintenance, stream clearance, and other special projects. CAL FIRE operates a fire engine at the camp for facility protection purposes.

Personnel Assigned to the County Fire Department

Fourteen fire stations are currently staffed with CAL FIRE (C), Volunteer (V), Seasonal (S), and Reserve (R) firefighters.

Fire Station	FMA	Staffed
Big Creek	Swanton	C, S
Bonny Doon	Bonny Doon	V
Burrell	Summit	C,V,S
Corralitos	Corralitos	C,V,S
Davenport	Davenport	V
Mc Dermott	Empire Grade	V
Fall Creek	Bonny Doon	C,S
Jamison Creek <i>(Fire season only)</i>	Big Basin	C,S
Las Cumbres	South Skyline	V
Loma Prieta	Summit	V
Pajaro Dunes	Pajaro Dunes	C,V,R
Saratoga Summit	South Skyline	C,V,S
Soquel <i>(Fire season only)</i>	Nisene Marks	C,S
Summit Woods	Summit	V

1.5 SANTA CRUZ COUNTY CONTRACT AGREEMENTS

The Public Resources Code gives CAL FIRE the authority to enter into contractual agreements with local government agencies to provide fire services. The CAL FIRE stations that the county elects to staff in the winter are contracted pursuant to this authority..

Schedule “A” Agreement – Full Service

Schedule A-4142 of the agreement sets forth fire protection services to be furnished by the state, administered by the CAL FIRE Unit Chief and budgeted by the state, with full reimbursement of costs by the local agency (except as provided by PRC 4143-4144, Amador Plan). Generally, this schedule itemizes in detail, the fire stations, personnel costs, and operating expenses to be financed by the local agency. Since the positions included in Schedule A are filled by state employees, the salaries, hours, and working conditions are established at state standards.

Schedule “A” Agreement - Amador

Schedule A-4144 of the agreement sets forth the fire protection services to be furnished by the state, administered by the CAL FIRE Unit Chief, and budgeted by the state, with reimbursement of costs by the local agency as provided in PRC 4143-4144 (Amador Plan). This schedule itemizes state services used by the local agency during the “nonfire season.” As with services listed in Schedule A, salaries, hours, and working conditions are established at state standards.

Schedule “B” Agreement

Schedule B of the agreement lists personnel, crews and major facilities established and supported by the state within (overlapping) or adjacent to the local agency area and funded by the state’s General fund for protecting SRA lands.

Schedule “C” Agreement

Schedule C of the agreement lists the services, personnel, equipment and expenses which are paid directly by the local agency, but which are under the supervision of the CAL FIRE Unit Chief.

Both Schedule A-4142 and the Amador Plan are used in the staffing and operation of the Santa Cruz County Fire Department.

1.6 CITY FIRE DEPARTMENTS AND FIRE PROTECTION DISTRICTS

Santa Cruz County Fire Protection Districts were created as communities identified a need and desire to increase or consolidate fire services. Sections 13801-13999 of the Health and Safety Code provide the authority and procedures for the organization of autonomous fire protection districts in territories not served by an existing fire department or district.

The Santa Cruz County Fire Department was formed to provide fire protection services to all areas outside established fire districts or city boundaries. Before this point, several areas such as Loma Prieta had volunteer fire organizations operating under civil defense laws.

The following is a list of the fire departments and fire protection districts in Santa Cruz County. The Santa Cruz County Fire Department shares a common boundary and has automatic or mutual aid agreements with all thirteen of these agencies:

City Fire Departments
Santa Cruz
Watsonville

Fire Protection Districts
Aptos-La Selva *
Aromas Tri-County *
Ben Lomond *
Boulder Creek *
Branciforte *
Central Fire Protection District *
Felton *
Pajaro Valley *
Scotts Valley *
Zayante *

State University
University of California, Santa Cruz *

*Indicates fire agencies where the CAL FIRE wildland fire protection responsibility overlaps the structural fire protection responsibility of the agency

2. PERSONNEL

2.1 JOINING THE COUNTY FIRE DEPARTMENT

Recruitment / Application

- The County Fire Department Training staff will coordinate the pre-response training. Training dates will be identified in the annual training calendar. The training will be scheduled such that a new volunteer will have the opportunity to complete all training required to respond within the time frame set forth in the Santa Cruz County Master Plan.
- Each volunteer company within the County Fire Department system will identify a Company Officer to receive and handle all incoming applicants. This Company Officer will:
 - Participate in active recruitment throughout the year
 - Submit completed applications to field Battalion Chief by the first week of October for the spring Basic Fire Fighter Academy
 - Submit completed applications to field Battalion Chief by the first week of July for the fall Basic Fire Fighter Academy (minimum 8 students)
 - Meet to discuss personnel needs analysis with field Battalion Chief immediately after both cut off dates
 - Create a priority list with field Battalion Chief of potential applicants based on current number of “active” volunteers, current Santa Cruz County Fire Budget, and Operations Chief Approval.
- Field Battalion Chief will forward the approved applications to the Training Battalion by the first week of December and the first week of July.

The Prospective Volunteer Firefighter Needs to:

- Be at least 18 years of age.
- Be able to understand and follow oral/written instructions in English.
- Observe a minimum of three (3) training meetings of the local company within a two (2) month period
- Participate in oral interview with Company Officer and field Battalion Chief. NOTE: Applicant will be advised of the county volunteer commitment and Academy process.
- Complete the Volunteer Fire Fighter Application
- Submit the Volunteer Fire Fighter Application.
 - Two (2) Letters of Reference
 - Valid California Drivers License
 - Proof of Vehicle Liability Insurance (CA)
 - DMV printout (approved by CAL-FIRE Law Enforcement -Section 2.8)
 - Pass Live Scan

- Be in good physical condition and able to perform the manipulative skills required to be a firefighter.
 - Enroll in Candidate Physical Ability Test (CPAT)
 - Pass CPAT
- Once the above are complete, schedule medical physical
- Pass medical physical.

County Fire Department Company Officer Responsibility

The Company Officer identified to receive and handle all Volunteer Firefighter applicants must be familiar with the Volunteer Firefighter job description in order to:

- Represent the County Fire Department's Mission.
- Ensure new volunteers are well prepared to become volunteer firefighters.
- Market the fire department program to prospective applicants.
- Be up front and honest with responses to their questions.
- Review the job description with Volunteer Firefighters.
- Be thoroughly familiar with the application form.
- Review each section with the applicant.

Members of the Local Volunteer Company Will Respond to:

- Rescues
- Medical Emergencies
- Vehicle Accidents
- Public Service Calls
- Hazardous Material Emergencies
- All types of fires
- Other public assistance

Members are required to respond to minimum of 5% of the annual calls for their company to maintain their status as a Volunteer Firefighter. Volunteer Company Officers have the ability to increase the minimum percent of response to no greater than 20% of the annual calls for their company. Members who fail to meet the minimum required response percentage will be placed on a 3 month probation period. The probationary criteria will be set by the Battalion Chief. Additionally, they will train regularly and perform routine equipment and facility maintenance.

Time Commitment

Trainees must successfully pass the Pre-Response Training (See section 5). Volunteer companies are required to drill a minimum of two times per month; a local company may train more often. In addition, specialized training courses will be required in order to perform the professional and technical duties associated with fire fighting. These courses include those necessary to maintain mandatory certifications and qualifications.

California Physical Abilities Test (CPAT)

The prospective volunteer must pass the CPAT or possess a current CPAT (within 1 year of hire) prior to their medical examination. The prospective volunteer will be reimbursed for successful completion when they become a volunteer. The CPAT is a test of one's strength & endurance as it pertains to firefighting.

Medical Exam Procedures

Once an application has been accepted and approved by the County Fire Chief, the applicant will have to pass a physical examination. The purpose of the examination is to reduce the risk of injury and illness to a Volunteer Firefighter.

Physical examinations at the Santa Cruz Occupational Medical Center (SCOMC) are required for all new Volunteer Firefighters joining the County Fire Department. After the volunteer receives their letter of acceptance from Training, the volunteer will call SCOMC to schedule an appointment. A pre-registration package will be sent to the new volunteer to complete prior to their appointment.

Entry Level Exam

The prospective Volunteer Firefighter will be sent to a fire department designated physician (SCMOC) at the expense of the department.

Required physical examinations include the following tests at a minimum:

- Stress EKG
- Substance Abuse Drug Test
- Complete History & Respiratory Questionnaire
- Vital Signs and Physical Examination
- Vision Acuity and Peripheral Vision Testing, including Color Perception
- Pulmonary Function Testing Performed by Certified OSHA RN
- Audiometry performed by Certified OSHA RN
- Physical Capacity Evaluation Performed by Licensed Physical Therapist
- Fire Blood Panel (Metabolic Chemistry Panel, Hemogram & Hemacrit, Lipid, and Liver Panel)
- Urinalysis with Micro
- TB Skin Test
- DIP/TET
- Coronary Risk Panel
- Additional tests will be performed as necessary through mutual agreement between OHC physician and CAL FIRE/County Fire management.

Respiratory Protection Program

In an effort to comply with Cal-OSHA requirements regarding the use of self-contained breathing apparatus (SCBA) and to improve safety for all personnel, the Santa Cruz

County Fire Department has implemented a Respiratory Protection Program (RPP). The RPP process will ensure volunteer firefighters are medically qualified to use an SCBA and determine the proper sized mask for each individual.

- An RPP Medical Questionnaire (EMQ) will be sent out to each volunteer annually in May. It must be filled out completely, and any items needing clarification should be explained as requested.
- Physical examinations will be required at least once every three years for volunteers under the age of thirty and once every two years for volunteers age thirty and over. The reviewing physician will determine from the medical questionnaire if a physical is required. Some personnel may also have to complete a treadmill test as determined by the examining physician. If a physical exam and/or treadmill test is required, SCMOC will contact the volunteer firefighter to set up an appointment.
- The entry level physical exam given to new volunteers qualifies them for SCBA fit testing for their first twelve months.
- From the questionnaire and/or medical examination, a volunteer will be assigned to one of three categories:
 - Unrestricted (eligible for fit-testing and use of an SCBA)
 - Restricted (ineligible for fit testing but able to complete all tasks except those requiring use of an SCBA or HEPA mask)
 - Administrative (cannot respond to incidents or participate in manipulative training).
- Effective January 1, 2011, to comply with Federal OSHA 1910.134 (g)(1)(i), 1910.134(g)(1)(i)(A), 1910.134 (g)(1)(i)(B):
 - All personnel will be clean shaven; however, neatly trimmed sideburns and mustaches are permitted.
 - Sideburns will not extend below the bottom of the earlobe and will end with a clean-shaven horizontal line. The maximum width at the bottom of the sideburns will not exceed one and one-half inches.
 - Mustaches will not extend below the bottom of the upper lip, nor more than one-half inch beyond the corners of the mouth.
 - Sideburns or mustaches which preclude the proper sealing of self-contained breathing apparatus face masks are not permitted.
- Volunteers not cleared will be classed as administrative or restricted. If a dispute arises regarding the findings, any tests required to obtain a second opinion will be done at volunteer's expense.
- Once medically cleared, the volunteer will be notified that he or she has unrestricted status and is cleared for fit testing. Fit testing sessions will be scheduled with the different companies. SCBA mask fit testing is required every year. For questions regarding the RPP process contact CAL FIRE/County Fire Training Battalion. To schedule a fit test, contact the CAL FIRE/County Fire Service Center. Current contact information will be available from the Training Battalion.
- If a DMV physical is required, this should be noted on the EMQ.
- Upon graduation from the Basic Fire Fighter Academy, the Volunteer Firefighter should contact the CAL FIRE/County Fire Training Battalion for authorization for Hepatitis B and CAL-OSHA Aerosol Transmissible Disease Vaccinations.

Leaves of Absence

- **Military Leave:** Any employee required to perform active military service shall be granted the leave of absence provided by law
- **Leave of Absence:** Any county volunteer may be granted a leave of absence not to exceed one year, on the approval of the Fire Chief for the purpose of improving his/her training for his/her position, or in the case of extended illness, or in the event of urgent personal affairs requiring full attention of the employee.
- **Return from Leave of Absence:** The granting of a leave of absence to an employee guarantees the right of his/her return at its expiration, or an earlier date mutually agreed upon by the Fire Chief and the employee. An employee failing to return upon expiration of the leave shall be regarded as having automatically resigned.

2.2 BENEFITS

Volunteer Firefighters are offered a range of benefits. For specific emergency calls they may be reimbursed with pay for their services.

Volunteer Training Stipend Policy

The County Fire Department will provide each Volunteer Firefighter a fifteen-dollar stipend for each regularly assigned four (4) hours of *formal* Target Safety Training and a fifteen-dollar stipend for each assigned monthly four hour drill for a maximum of two drills per month or twenty-four drills per year. As funds allow County Fire Department will also provide a fifteen-dollar stipend for each four hours of additional scheduled drill and/or approved training. Allocation of these funds will be prioritized as follows:

- Training required by law (e.g. Hazardous Material FRO re-cert.).
- Training required by County Fire Department policy (e.g. volunteer driver / operator).
- Other approved training (e.g., SFM Command 1-A, Hunter Liggett Wildland School, etc.).
- Drills required by company policy (e.g. extra company drills). Drills must consist of training related activities as opposed to company business meeting, etc

The training stipend is an allowance intended to reimburse incidental and normal travel costs related to in-service and out-service training hours.

By the end of October, each company will receive a Target Safety report from the Training Battalion for the period of November 1st through October 31st. Company Officers will have until November 7th to review the report, make corrections based on their records and return the report to the Training Battalion along with documentation supporting the corrections. Upon receiving the corrected reports the training staff will submit invoices to the county based on drill attendance for each individual. Records

received and confirmed as of November 7th will be final for the year. Hours not submitted to the Training Battalion by November 7th will not be carried into the next year.

Boot Allowance

In addition to the training stipend, active volunteers, who have maintained the required certifications and have met 50% of all assigned monthly drills (48 hours per year) of the CAL FIRE/County Fire In-service Training Program, will receive an annual boot allowance of sixty dollars. The boot allowance will be paid with the training stipend.

Workers' Compensation Benefits

Volunteer Firefighters are covered by Workers Compensation whenever engaged in approved, official fire department business.

When an injury occurs to a volunteer performing fire department business, it is to be reported to the County Fire Department immediately. A claim form and accident report must be completed describing what, where, when, and how the incident happened. The County Fire Department will arrange medical treatment and file the necessary reports. Prompt reporting is the key. Nothing can happen until the County Fire Department knows about the injury. The on-duty Battalion Chief and the Emergency Command Center (ECC) will be advised of all injuries. The on-duty Battalion Chief will coordinate treatment and report processing.

For emergencies, the first priority should be treating the injury and arranging for appropriate medical care. As soon as possible, however, proper reporting should be initiated.

If non-emergency additional medical attention is required, it will be scheduled as necessary. The Volunteer Firefighter may be sent to a physician he/she does not know. The physician is not a company doctor. He/she is in private practice and may be a specialist for the particular injury. In addition, the physician will be familiar with Workers' Compensation requirements and will report the injury promptly so benefits can be paid as appropriate.

If the Volunteer Firefighter wants to change to a different physician for any reason, he / she shall ask the County Fire Department representative or claim representative. The representatives are interested in the Volunteer Firefighter's prompt recovery and return to work.

The Volunteer Firefighter is also entitled to be treated by their personal physician if the Volunteer Firefighter has notified the County Fire Department of the doctor's name and address in writing before the injury occurs. For additional information, ask the County Fire Department representative.

In the event no personal physician has been designated by the volunteer, thirty (30) days after reporting the injury, the Volunteer Firefighter can seek treatment from their own physician. It is important that prompt professional medical attention is sought, even if injuries are minor.

California State Firefighters Association (CSFA)

County Fire sponsors membership in CSFA for all volunteers. This allows access to several group insurance plans and other benefits. Volunteer Firefighters will receive a CSFA fire helmet window decal.

Supplemental Accident and Health Policy

County Fire maintains a supplemental accident and health policy through Provident Agency Inc., which pays accident benefits in addition to those provided by Workers Compensation. Coverage includes limited income replacement, dependent child benefit, permanent physical impairment benefit, cosmetic disfigurement from burns benefit, weekly hospital confinement benefit, rehabilitation benefit, and mental stress management benefit. Contact the Training Battalion for information on applying for benefits.

Critical Incident Stress Management

The County Fire Department provides Critical Incident Stress Management (CISM) services through trained counselors for incidents having the potential or effect of causing unusual stress for responding personnel (e.g., major vehicle accidents, multi-casualty incidents, fire deaths, shootings, etc.). Volunteers may request CISM services or the duty Battalion Chief may arrange for services on an individual or group basis as needed.

Credit Union Membership

Volunteer Firefighters are eligible for membership in the Santa Cruz County Employees Credit Union with all benefits options.

2.3 RELATIONSHIP OF CAL FIRE WITH VOLUNTEERS

The Santa Cruz County Fire Department functions as an integrated department of CAL FIRE employees and Santa Cruz County Volunteer Firefighters. Both of these entities have defined roles, which require a positive working relationship resulting in a well-qualified fire department serving the people of Santa Cruz County. To ensure efficient service an incident organizational hierarchy has been established. This organizational structure is commonly used by many other county fire departments.

The structure is:

- Battalion Chief
- Volunteer Fire Captain/CAL FIRE Fire Captain
- Volunteer Driver/Engineer/CAL FIRE Fire Apparatus Engineer
- Volunteer Firefighter I and II/CAL FIRE Firefighter

This structure applies to all County Fire Department activities.

Day to Day Operations

Volunteer company personnel will report issues/needs to their respective Volunteer Company Captain. In turn, Volunteer Company Captains will report to the Battalion Chief (or designee) with oversight responsibilities for their company. CAL FIRE personnel should report issues/ needs to their immediate supervisor.

Incident operations

The CAL FIRE Emergency Command Center (ECC) will be the Incident Commander (IC) of all incidents until the first responding resources arrive at scene. The first arriving unit will assume IC and will retain command unless command is transferred to another unit (see Operational Policy). Concerns regarding command transition will not be raised during the incident but will be resolved through a post-incident critique.

If a verbal post-incident critique doesn't satisfactorily address command transition problems, the Volunteer Company Captain will submit his or her concerns in writing to the appropriate Battalion Chief. The Battalion Chief will provide a written response to the Volunteer Company Captain within 10 working days. Complaints from a CAL FIRE officer regarding a volunteer will be submitted in writing to the Battalion Chief. The Battalion Chief will work with the appropriate Company Officer to resolve the complaint.

Wildland Response

Because CAL FIRE has the statutory responsibility for wildland fire control on SRA lands, a CAL FIRE officer will always assume command at wildland fire incidents involving SRA.

2.4 ADMINISTRATIVE GUIDELINES

Public Representation

All media, public and governmental, inquiries or contacts will be directed to the appropriate CAL FIRE/County Fire Chief Officer in order to assure consistency and accuracy relating to the operations or policies of the CAL FIRE/Santa Cruz County Fire Department. Inquiries into items that are linked to a specific volunteer company may be addressed to the appropriate Company Officer. Since the general public does not

always know who is authorized to speak on behalf of a public agency, and may presume that a position represented by a Volunteer Firefighter is a position of the CAL FIRE/County Fire Department, a Volunteer Firefighter is not authorized to make such representation.

This statement does not preclude the many situations when a volunteer is presenting information about the County Fire Department to their local neighborhood nor is it meant to exclude the volunteer in discussing his or her own volunteer company.

Volunteer companies retain their individual community affiliation (e.g., Corralitos Volunteer Fire Company) but in public communications and for identification purposes they are to represent themselves as entities of the Santa Cruz County Fire Department.

General Station Practices and Procedures

County Fire Department Officers (CAL FIRE and volunteer) are responsible for maintaining a clean, safe and professional looking fire station. The Company Officer will ensure that all county firefighters help to achieve and maintain this standard at all times.

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

All Company Officers will be instructed in the proper procedures of completing fire and rescue forms, equipment checkout (including SCBAs and HEPA masks), and maintaining station logs.

County Fire Department 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

Unsafe operation or violation of the California Vehicle Code (CVC) while operating a private vehicle while performing as a Volunteer Firefighter may result in adverse action by the Santa Cruz County Fire Department. The CVC specifically prohibits private vehicles from using emergency type warning lights (red and blue) and sirens. The flashing of headlights and/or use of four-way vehicle flashers while en route to an incident is also prohibited. The use of four-way flashers is only permitted when parking. No private vehicle shall pass any Code-3 emergency vehicle at any time. No volunteer responding to or returning from an incident shall exceed the posted speed limit. Automotive equipment will be driven in a safe and sane manner at all times while adhering to all laws. Private vehicles shall not display the official logo or decals of the Santa Cruz County Fire Department or CAL FIRE.

The response of private vehicles to incidents is discouraged if the volunteer can safely arrive at the station in a timely manner to respond on emergency apparatus. Members who respond directly to incidents must exercise caution at all times. Personal vehicles shall be parked at a safe distance (typically at least 100 feet) and in safe manner in relation to the incident.

Personal vehicle use is prohibited for the following responses:

- If you have to drive past available equipment to get to the scene
- Outside of Santa Cruz County Response Area
- Any vegetation fire
- With power lines down
- With report of gas leak
- Any HAZ-MAT call
- On Highway 17

Firefighters in “Trainee” status are prohibited from responding to the scene. Trainees currently certified in EMS and approved by the company officer may respond to Medical Aids in a personal vehicle.

Driving Policy

No volunteer or county fire department vehicles will respond unless dispatched by the ECC. Automotive equipment will be driven in a safe and sane manner at all times. Emergency response does not justify excessive speed. Unsafe operation of fire department apparatus may result in adverse action by the Santa Cruz County Fire Department.

Code-3 Driving

Code-3 driving is the operation of a vehicle with siren and red lights. Only authorized emergency vehicles may be driven Code-3 and must be operated in accordance with SCCOFD policy. All emergency warning lights and sirens must be approved by SCCOFD; Code 3 status does not exempt any driver from the legal responsibility to consider the safety of others. The basic speed law of the CVC prohibits any driver from driving faster than traffic, road, and weather conditions safely allow regardless of the emergency.

Right of Way

Legally, Code-3 status does not give an emergency driver the right of way unless other drivers hear the siren and see the red lights. Because it is difficult to tell when other drivers are aware of an emergency, all emergency drivers will assume at all times they do not have the right of way.

All emergency vehicles will stop at red light traffic signals, stop signs, and blind intersections, as required by SCCOFD policy.

Passing Other Emergency Vehicles

Normally, one emergency vehicle will not overtake and pass another while both vehicles are responding Code-3.

A possible exception to this policy is during operation on a multi-lane roadway. It may be safe for one Code-3 vehicle to pass another Code-3 vehicle. Permission to pass must be obtained from the forward vehicle, prior to passing.

2.5 COMPLAINT AND DISCIPLINARY PROCEDURES

2.5.1 COMPLAINT PROCEDURES

Operational Concerns

Concerns or complaints relative to the operations of the County Fire Department that affect a particular volunteer or company must be brought to the attention of the responsible Battalion Chief. Unresolved issues that affect the operation of the County Fire Department should be brought to the Company Officers' bi-monthly meeting. These concerns would include but not be limited to; mobile equipment maintenance, small tools, medical supplies, and safety clothing (PPE).

The Volunteer Company Officer or their designee must contact the Santa Cruz CAL FIRE Operations Chief no fewer than five (5) days prior to a scheduled Company Officers meeting to place issues on the agenda. It is incumbent upon the county fire staff to adequately address or research concerns. Items for discussion may be placed on the agenda at the date of the meeting but may not receive the benefit of full discussion or analysis until a following scheduled meeting.

Complaint Procedure

A. Informal

Volunteer and Paid /Firefighter staff are encouraged to act promptly through an informal meeting with their immediate supervisor in an attempt to resolve the matter before it becomes the basis for a formal grievance. Any resolution reached at the informal step must be in accordance with the provision of this Handbook.

B. Formal

Within thirty (30) calendar days of occurrence or discovery, an alleged grievance shall be presented to the Volunteer Company Captain who in turn shall present the complaint

to the Battalion Chief. The Battalion Chief shall respond to the Volunteer Company Captain within ten (10) calendar days to resolve the grievance.

If the complaint is not resolved or the Battalion Chief fails to respond to the Volunteer Company Captain, the captain may appeal in writing to the County Fire Operations Chief. The Operations Chief shall have 10 calendar days to resolve the issue with the Company Officer.

If the issue is not resolved at the Operations Chief level, the Company Captain may appeal in writing to the Fire Chief (CAL FIRE Unit Chief). In addition the volunteer Company Captain shall advise the volunteer Company Officer Representative to the Fire Department Advisory Commission (FDAC). The Fire Chief, FDAC volunteer Company Officer representative, and the Company Captain shall consult on the complaint and the Fire Chief shall have five (5) calendar days to render a decision or resolution of the issue. The decision of the Fire Chief shall be final.

2.5.2 DEPARTMENT OPERATIONS POLICY AND VOLUNTEER DISCIPLINARY PROCESS

The CAL FIRE Unit Chief is designated as the Fire Chief of Santa Cruz County by Resolution of the Santa Cruz County Board of Supervisors. The CAL FIRE Unit Chief is responsible to work with the Risk Management Division of Santa Cruz County to reduce the liability in the conduct of fire department operations. This responsibility also extends to protecting the exposure of the state by contractual relationship.

This responsibility is exercised by adopting and implementing policies and procedures consistent with accepted professional standards for safe and efficient conduct of fire department operations. Generally these policies will cover the areas of training, equipment and conduct in the workplace and on the fire ground. It is incumbent on the CAL FIRE Unit Chief to ensure that such policies are adhered to by those acting in their capacity with the fire department.

Any conduct that would cause the county to terminate a full-time paid county employee will have the same impact on a county fire volunteer in that those volunteer services will no longer be accepted by the County of Santa Cruz. Causes for adverse actions are outlined in the CAL FIRE Handbook, Section 1092.2. The County of Santa Cruz reserves the right to dismiss volunteers from their positions with or without cause.

NOTE: For examples of misconduct, refer to CAL FIRE Handbook Section 1092.2. Appendix K

NOTE: For information on the Firefighter Bill of Rights, refer to AB -220, Appendix L

A. Informal Discipline

Corrective Interview

In the event of a minor infraction that requires a change in the volunteer's behavior, an informal consultation with the volunteer will be conducted by the supervisor who witnessed the infraction. Written notification will be made to the Volunteer Company Officer and Battalion Chief in a timely manner. If this is not sufficient to remedy the situation, a corrective interview will be held with the volunteer by the supervising Battalion Chief and the senior Company Officer of the volunteer's company

The purpose of this interview will communicate standards of performance and behavior, point out deviations or errors, indicate the remedy, and detail a plan for follow-up, including a review date to assess progress if necessary. A written summary of the interview will be prepared and copies will be provided to the volunteer, the volunteer Company Officer and the Battalion Chief. If during the progress review, it is determined that the problems identified during the corrective interview have been remedied, a note will be added to the written summary indicating the issue has been resolved. If the problems have not been corrected, this will be documented and further disciplinary action could be taken. The Battalion Chief will retain all documentation developed during the disciplinary process in the volunteer's training file.

B. Formal Discipline

Letter of Warning

For certain other types of misconduct, repeated minor infractions, and/or failure to meet requirements for behavioral change detailed in a corrective interview, a letter of warning will be issued by the Battalion Chief in consultation with the senior Company Officer of the volunteer company. This letter will be kept in a secure confidential file in the Felton Training Battalion.

The Letter of Warning will contain the following information:

- Nature of the offense, misconduct or deficiency.
- Date(s) and time(s) offense or misconduct occurred.
- A statement of expected behavior.
- A statement regarding future action should the misconduct or deficiency continue.
- Set a date and time to evaluate compliance.
- Advise on the process for submitting a letter of rebuttal.

Serious Offenses Procedure

For serious offenses or multiple / repeated misconduct, a suspension from active

Duty, demotion or dismissal from the department may be implemented. County Fire Department procedure and policy is as follows:

- The charges against a Volunteer Firefighter shall be in writing and shall be made by the Battalion Chief in consultation with the senior Company Officer of the volunteer company. The burden of proving incompetence or misconduct shall be on the person or persons alleging it.
- Hearing on the charges shall be held by the County Fire Chief or his/her designee having the power to remove the Volunteer Firefighter.
- In case another officer is designated, he/she shall, for the purpose of the hearing, be vested with all the powers of the County Fire Chief, and shall make a record of the hearing, which shall be referred to the County Fire Chief for review with his or her recommendation
- The notice of the hearing shall specify the time and place of the hearing and state the person before whom the hearing will be held. The hearings will be closed, with only those involved and their representative(s) in attendance. Notice and a copy of the charges shall be served personally upon the volunteer at least 10 days but not more than 30 days before the date of the hearing.
- A stenographer may be employed for the purpose of taking testimony at the hearing.
- The County Fire Chief having the power to remove the person may suspend the person after charges are filed and pending disposition of the charges, and after the hearing, may remove the person or may suspend him or her for a period of time not to exceed one year.
- Regulations governing the removal or suspension of volunteer firefighters shall not be interpreted as creating a property right in the volunteer firefighter job or position. A volunteer is not entitled to Civil Service Protections and or rights.

Purging Files

County Fire Departmental files will be purged of any adverse action three years after the date of issue upon request from the file's namesake. The exception to this section will be dismissal. Dismissed company members may re-apply to the department after three years if approved by the County Fire Chief.

Confidentiality of Files

All personnel files will be held in strict confidence as per federal and state law. All requests for verification of membership from an outside entity will be answered yes or no. No further information will be issued subject to proper volunteer authorization, subpoena or court order. Inquiries regarding references for employment will be through CAL FIRE/County Fire Training Battalion. In the case of a dismissed member, the fact that they were dismissed may be issued; however, the circumstances surrounding the dismissal will not be issued except through subpoena.

2.6 HARASSMENT POLICY

The County Fire Department complies with Santa Cruz County policy and state and federal law with regard to Equal Employment Opportunity (EEO), nondiscrimination, and sexual harassment. Copies of the County's EEO policy and a Department of Fair Employment and Housing pamphlet on sexual harassment are included as appendices to this document.

2.7 RULES OF CONDUCT

- No volunteer shall commit any act which might in any way bring discredit to the County Fire Department, Santa Cruz County or the state of California.
- No volunteer shall use any language deemed offensive in the presence of the public at the scene of an incident, at the fire station, or while acting in an official capacity for the department
- No volunteer shall use any alcoholic beverage or drugs nor be under the influence of same while in uniform or acting on behalf of the department, including while responding to alarms on department apparatus or in private vehicles. (A uniform consists of specific garments which the employee is required to wear exclusively while carrying out the duties and responsibilities of a position within County Fire. A uniform further includes items that serve to identify the person, agency, function performed, rank, or time in service.)
- Only members and other authorized personnel may ride on any department apparatus.
- All personnel, while acting in an official capacity for the department, shall do so in a professional manner at all times.
- Gambling, liquor, drugs, controlled substances, or firearms are not permitted in any fire station or on the grounds of same, nor are they permitted on any department vehicle.
- No member shall use the name of the department, county, or state for personal gain. No member shall use his or her badge, ID card, etc. in any commercial or private enterprise for any personal gain.
- 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 County Fire Chief.
- No member shall be discourteous or disrespectful to any other member, the public, or anyone from a cooperating agency.
- No member shall change, alter, add to or remove any equipment from any station or apparatus without first receiving proper authorization from the County Fire Chief or the Chief's authorized representative Battalion Chief. If equipment is removed from a volunteer company, the senior Captain and Battalion Chief of that company must be informed.
- Every member shall always exercise proper precautionary safety measures to avoid injury to themselves or others.
- Each member shall comply with all County Fire Department policies, rules and regulations and all county, state and federal laws. Failure to do so may result in dismissal from the department.

2.8 APPLICATION REJECTION AND DISMISSAL

Any applicant or volunteer who has been *cited and/or arrested* for any of the following will be rejected or terminated from employment

- Driving under the influence of alcohol or drugs
- Failing to stop at the scene of an accident (you are involved in)
- Driving without a valid driver's license
- Driving without insurance
- Reckless driving
- Crimes involving moral turpitude

3.0 SAFETY

3.1 STANDARD ISSUE COUNTY FIRE DEPARTMENT PERSONAL SAFETY CLOTHING

The Service Center in Felton will issue these items to all new volunteers on the day of Safety & Orientation:

- Helmet, safety, firefighter, structure type
- Helmet, safety, Wildland type with Nomex shroud and goggles
- Coat, turnout,
- Pants, turnout, with suspenders
- Shirt, wildland fire,
- Pants, wildland fire,
- Boots, 1 pair of turnout (rubber)
- Gloves, leather, safety, 2 pair
- Nomex hood
- Appropriate Web Gear

New volunteers will also receive pager(s) from the Felton Emergency Command Center (ECC) and Personnel Accountability Tags (Issued 4 tags) upon completion from the BFFA.

3.2 SAFETY APPAREL FOR STRUCTURE/VEHICLE FIRE RESPONSE

See appendix

3.3 SAFETY APPAREL FOR MEDICAL AID RESPONSE

See appendix

3.4 SAFETY APPAREL FOR WILDLAND FIRE RESPONSE

See appendix

4. ACCIDENT / INJURY REPORTING

4.1 INJURY / ILLNESS REPORTING PROCEDURES

All injuries and illnesses that personnel believe to be job related will be reported to a career officer and followed up with a Report of Injury form within 24 hours of the injury or illness whenever possible. All cases of possible exposure to a potential health threat will be recorded on an exposure report within 24 hours of the exposure or 24 hours of knowledge of possible exposure. A career officer must fill out , and sign, all injury/illness report forms.

An example of injury/illness/exposure report forms is located in section 11. This procedure is for the protection of all personnel and, in the case of lost time from injury or illness, allows for prompt payment of benefits.

Returning to Active Status After a Department Related Injury

A county physical and mental stress statement and Medical Treatment/Return to Work “CAL FIRE-200” (see appendix) signed by a Occupational Health Physician acknowledging the volunteer can perform arduous duty is required when returning to active duty from a lost time injury.

4.2 NON-DEPARTMENT INJURY / ILLNESS REPORTING PROCEDURE

All non-department injuries and illnesses that a volunteer believe will preclude them from responding for a time greater then 30 days, shall be reported to the Company Captain. The Company Captain shall reevaluate the volunteer’s status, after the 30 day period, to determine if the volunteer is able to return to normal status. If the volunteer will not be returning to normal status, then the Company Captain will notify the CAL FIRE/County Fire Training Battalion.

Returning to Active Status After a Non-Department Related Injury

A county physical and mental stress statement and Medical Treatment/Return to Work “CAL FIRE-200” (see appendix) signed by a Occupational Health Physician acknowledging the volunteer can perform arduous duty is required when returning to active duty from a lost time injury.

4.3 VEHICLE ACCIDENT/INCIDENT REPORTING PROCEDURES

In all cases of vehicle accident/incident, personnel will make an immediate report as soon as circumstances allow. The Emergency Command Center will be notified as well as the on-duty Battalion Chief. An example of the forms to be filled out is in section 11. The duty Battalion Chief will be responsible to investigate the incident and ensure it is reported to County Risk Management within 48 hours of the initial report.

5. TRAINING

5.1 VOLUNTEER FIREFIGHTER TRAINING

Training Battalion's Mission Statement

Our mission is to provide professional leadership and clear direction in implementing quality training programs that serve CAL FIRE/County Fire personnel and cooperators.

The Training Battalion's goal is to be consistent, efficient, flexible, courteous, and helpful in our relationship with all CAL FIRE/County Fire personnel and cooperators.

Target Solutions

For Records management and the issuance of specific training courses, CAL FIRE/Santa Cruz County Fire has implemented the on-line "Target Safety" program. This is a computer/instructor based program which will track required training as well as certifications.

The *In-Service Training Plan*, established for the County Fire Department, is a yearly program consisting of four quarters. Each quarter will be comprised of three months (February, March, April) (May, June, July) (August, September, October) (November, December, January). Each quarter shall have a general theme. These themes are: EMS, Wildland Fire Control, Technical Rescue/Hazardous Materials, and Structure Fire Control.

Each month, all volunteers will receive *new* training via Target Solutions from the Training Battalion. This plan will include:

- 4 hours of *formal instruction* per month assigned by Training via Target Solutions
 - One (1) hour of EMS Training
 - Three (3) hours based on quarterly theme

- 8 hours of *drills* per month assigned by Training via Target Solutions
 - Two, four hour "hands on drills" based on quarterly theme with verification of completion and date.

The volunteer Company Officer shall be responsible for conducting/coordinating the primary drills with the volunteer company. The Company Officer may have the option of changing the primary drills if he/she determines that there is a need to do so with prior approval of their Battalion Chief.

Overall, the In-Service Training Plan should consist of 144 hours per year. Hours may vary based on subject matter and realistic drill times.

All monthly training is recorded on Target Solutions. A designated Company Officer is responsible for the accuracy and timeliness of data entry.

Unit Classes

Special training classes/courses like the Basic Firefighter Volunteer Academy, Auto Extrication, S-212 Wildland Fire Chain Saws, etc. (See Appendix for course descriptions) will be offered periodically and are arranged for by the CAL FIRE Training Battalion. The approved TR-7 (see section 11) is required prior to attendance at these courses (see the training expenses reimbursements sections for further details).

Annual Training Requirements

Training for the County Fire Department is organized and developed by the CAL FIRE Training Battalion. Volunteer Firefighters must maintain required certifications. In order to stay proficient in basic skills, volunteers shall attend 50% of all drills per quarter and complete 100% of all assigned *safety* training. If a volunteer falls below 50% in attendance for 2 consecutive quarters, their status as a volunteer shall be evaluated in accordance with the Volunteer Disciplinary Process outlined in Section 2.5.2 of this document. When a volunteer falls below 50% in drill attendance for 2 consecutive quarters a remedial training plan will be developed by the senior Company Officer with the approval of the responsible field Battalion Chief.

NOTE: The volunteer company may set their own minimum training attendance requirements, but in no case shall they be less than 50% as noted above.

NOTE: Volunteers who are employed by another fire department or district, due to their time commitment and training requirements set forth by these departments, will not have to attend all drills, however it is incumbent upon the individual to provide CZU Training with the approved documentation for the required certification classes.

VOLUNTEER FIREFIGHTER TRAINEE

The Volunteer Firefighter who is in the process of completing the following will be classified as a “Volunteer Firefighter Trainee” (Green “T” will be placed on both helmets) and will be permitted to respond to incidents subject to the restrictions following this section.

- ✓ Application Process
- ✓ Safety & Orientation which includes EEO (completion of Safety and Orientation will determine the date of hire.)
- ✓ Completion of the Basic Fire Fighter Academy:
 1. Structure Fire Training
 2. Wildland Fire Training
 3. HAZ-MAT Training
 4. S-212 Classroom and Structure
 5. CAL FIRE Water Rescue Awareness
- ✓ ICS 100
- ✓ ICS 200
- ✓ NIMS-700
- ✓ Online DGS Defensive Driver Training
- ✓ CPR
- ✓ EMT (Emergency Medical Technician)- or EMR (Emergency Medical responder)
 - ❑ Emergency Medical Responder or Emergency Medical Technician will be required within 18 months of the date of hire
 - ❑ New volunteers with the above outsourced EMS certification must be supplemented with the CAL FIRE/County Fire sponsored EMS recertification class within 12 months of hire to ensure that the volunteer receives the County EMS protocols and procedures.

Additionally, a new volunteer will be considered on probation from the date of hire for a period of eighteen months (as described in Section 2.5.2).

If the above criteria has not been met within the time allowed, then the volunteer's status shall be evaluated by the Company Officer and Battalion Chief.*

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

RESTRICTIONS

*Volunteer Trainees may respond to incidents under the **DIRECT** supervision of a Volunteer Engineer or a Volunteer Captain only.* The Volunteer Trainee may conduct operations during the incident based on their level of proficiency as determined by their level of training.

VOLUNTEER FIREFIGHTER I

The Volunteer Firefighter who has completed all of the mandated training outlined under the “Volunteer Firefighter Trainee” will be eligible to advance to the “Volunteer Firefighter I” rank with approval of the Battalion Chief of Training.

This training shall be completed ***within 12 months from completion of the Academy.***

If the above criteria have not been met within the time allowed, then the Volunteer’s status shall be evaluated by their volunteer Company Officer and the Battalion Chief.

RESTRICTIONS

*A Volunteer Firefighter I may respond to incidents under the **DIRECT** supervision of a Volunteer Engineer or a Volunteer Captain only. The Volunteer Firefighter I may conduct operations during the incident based on their level of proficiency as determined by their level of training.*

VOLUNTEER FIREFIGHTER II

The Volunteer Firefighter I who has completed the following holds this position

- ✓ Must be a Volunteer Firefighter I
- ✓ SFM Auto Extrication
- ✓ SFM Low Angle Rope Rescue Operations
- ✓ SFM Firefighter Survival

This training shall be completed ***within 24 months from becoming a Volunteer Firefighter 1.***

If the above criteria have not been met within the time allowed, then the volunteer’s status shall be evaluated by their volunteer Company Officer and the Battalion Chief or his/her representative.

**If unable to resolve at the above level, the issue shall be resolved through the Volunteer Disciplinary Process outlined in Section 2.5.2.*

VOLUNTEER DRIVER

The Volunteer Firefighter II who has completed the following may apply for the position of Volunteer Driver.

- ✓ Must be a Volunteer Firefighter II with Santa Cruz County Fire Department for 12 months.
- ✓ SFM Driver Operator 1A
- ✓ Driver Training Task Book (14 hours of driving minimum)

- ✓ Commanding the Initial Response or course equivalent, Command 1A or IM2
 - ✓ Current DMV printout
 - ✓ NIMS-800
 - ✓ Must pass a written exam and manipulative skills exercise
 - ✓ Copy of current California Class C Driver's License
- Completed application with supporting documents approved by volunteer Company Officer, Battalion Chief, Battalion Chief of Training, and Operations Chief
 - Submit approved application to the CAL FIRE/County Fire Training Battalion.

RESTRICTIONS

Volunteer Drivers will be placed on probation for 12 months.

Volunteer Drivers are restricted from driving any fire apparatus with a:

- ✓ Pump
- ✓ Gross Weight over 26,000 pounds.

VOLUNTEER ENGINEER

The Volunteer Driver who has completed the following may apply for the position of Volunteer Engineer.

- ✓ Must be a Volunteer Driver in good standing with Santa Cruz County Fire Department for 6 months
 - ✓ Current California Class C License with Firefighter Endorsement
 - ✓ SFM Driver Operator 1B
 - ✓ S-231 Engine Boss –required for engine (CICCS)
 - ✓ SFM Fire Command 1A
 - ✓ SFM or NWCG ICS-300
 - ✓ Must pass a written exam and manipulative skills exercise
- Completed application with supporting documents approved by volunteer Company Officer, Battalion Chief, Battalion Chief of Training, and Operations Chief
 - Submit approved application to the CAL FIRE/County Fire Training Battalion.

RESTRICTIONS

Volunteer Engineers will be placed on probation for 12 months.

VOLUNTEER CAPTAIN

The Volunteer Engineer who has completed the following may apply for the position of Volunteer Fire Captain

- ✓ Must be a Volunteer Engineer in good standing with the Santa Cruz County Fire Department for 24 months
 - ✓ SFM Instructor 1A
 - ✓ SFM Fire Management 1
 - ✓ SFM Command 1C
 - ✓ Must pass a written exam and manipulative skills exercise
-
- Completed application with supporting documents approved by volunteer Company Officer, Battalion Chief, Battalion Chief of Training, and Operations Chief
 - Submit approved application to the CAL FIRE/County Fire Training Battalion.

RESTRICTIONS

Volunteer Captains will be placed on probation for 12 months.

5.2 TRAINING EXPENSE REIMBURSEMENTS

Books and Tuition

County Fire Department may pay the cost of tuition and materials for required courses. In general, the \$15/ four hour drill stipend is intended to cover other related costs such as transportation, etc. All training must be approved by your Battalion Chief and the Training Battalion prior to attendance (typically through the TR-7 process.) This requirement is to allow for budget management. Any training or reimbursement requests submitted after the class may be denied. Please be sure your Battalion Chief has signed your TR-7 prior to submitting it to the Training Battalion.

6. COUNTY EQUIPMENT

6.1 CARE AND MAINTENANCE

To insure that all County Fire Department owned apparatus are in safe operating condition and ready to respond, a regular equipment inspection shall be established and kept in action by each local volunteer group. Individual company schedules shall be documented.

County Fire Department administrative personnel will conduct equipment inspections periodically to insure the safety of all department apparatus.

6.2 ID/MARKINGS

All tools and equipment purchased by the County Fire Department shall be labeled and identified with a county number by the volunteer companies. Additional markings may be used by local volunteer companies to allow for easier recognition.

7. DISPATCH

7.1 FELTON EMERGENCY COMMAND CENTER (ECC)

All 911 calls in Santa Cruz County, excluding cellular calls, are received at the Santa Cruz Consolidated Emergency Communication Center (Netcom). 911 calls requiring medical responses are received and interrogated by Netcom. If applicable, pre-arrival medical instructions by Netcom's Emergency Medical Dispatchers are given. After taking the initial call, Netcom determines jurisdiction and transmits a verbal pre-alert over its primary dispatch channel. If the call is in County Fire jurisdiction, the response information is relayed to Felton ECC either by printer and intercom or direct call transfer. Upon obtaining incident information, Felton ECC will determine the appropriate resources from a computer database called "CAD" and dispatch them by radio.

Perceived incident dispatch problems should be reported to ECC as soon as possible by forwarding an Unusual Incident Report (see appendices) to the duty Battalion Chief.

8. FINANCE

8.1 FUNDING

The Santa Cruz County Fire department is currently funded primarily from taxes and fees approved on election of the property owners (in accordance with Proposition 218). In addition, volunteer companies and auxiliaries may hold fundraising events in their community to purchase items not funded through the normal county budgeting process.

9. DEFINITIONS

ACTIVE ROSTER: A list of members in good standing with a particular volunteer company.

BATTALION: A geographical or functional area consisting of one or more fire stations or programs (e.g. Training).

BATTALION CHIEF (BC): A Chief Officer employed by CAL FIRE and assigned to various duties, including, Emergency Command Center Chief, Training Battalion, or as the administrator of a field Battalion.

CAPTAIN: A Fire Captain employed by CAL FIRE or within a volunteer company. CAL FIRE Captains are assigned to various duties including shift supervisor, Training Officer, Fire Prevention, and Emergency Command Center Officer.

CAL FIRE: The Department of Forestry and Fire Protection.

COMPANY OFFICER: The lead person on an engine, rescue, truck or other specialized company. In the County Fire Department a Company Officer may be either a Fire Captain or Fire Apparatus Engineer.

COUNTY FIRE CHIEF: The individual in charge of the Santa Cruz County Fire Department, currently the CAL FIRE Unit Chief.

DEPARTMENT: The Santa Cruz County Fire Department

DEPUTY CHIEF: A Chief Officer employed by CAL FIRE and assigned to assist the Unit Chief with his/her duties.

DIVISION: A geographical or functional area consisting of one or more Battalions or Programs.

DIVISION CHIEF: A Chief Officer employed by CAL FIRE and assigned either as a chief of a division or as the administrative officer for the unit.

ECC: Emergency Command Center, located at CAL FIRE Unit Headquarters in Felton, dispatches all CAL FIRE/County Fire calls.

ENGINEER: A Fire Apparatus Engineer (FAE) employed by CAL FIRE

FIREFIGHTER I: A seasonal Firefighter (FF-1) employed by CAL FIRE.

FIREFIGHTER II: A permanent Firefighter (FF-II) employed by CAL FIRE

FIRE SEASON: The period of the year during which wildland fires are likely to occur, spread, and do sufficient damage to warrant organized fire control. In Santa Cruz County, this period is typically from June 1 through October 31.

IC: Incident Commander; person in charge of the scene of an emergency.

MEMBER: Any active person serving the Santa Cruz County Fire Department

SCBA: Self Contained Breathing Apparatus

UNIT: An administrative unit within CAL FIRE State wide system consisting of one or more counties, such as San Mateo/Santa Cruz Unit.

VOLUNTEER: A member in good standing for a particular volunteer company.

VOLUNTEER FIREFIGHTER TRAINEE: A Volunteer Firefighter still receiving minimum required training. A trainee is designated by a green 'T' on back of their helmet

VOLUNTEER FIREFIGHTER I: A Volunteer Firefighter who has completed all of the mandated training outlined under "Volunteer Firefighter Trainee".

VOLUNTEER FIREFIGHTER II: A Volunteer Firefighter who has completed all training outlined under "Volunteer Firefighter II".

VOLUNTEER DRIVER: A Volunteer Firefighter who has been a Firefighter II for 12 months and completed all training outlined under "Volunteer Driver". Volunteer Drivers are restricted to driving only vehicles under 2,000 pounds and without a pump.

VOLUNTEER ENGINEER: A Volunteer Firefighter who has been a Volunteer Driver for 6 months and completed all training outlined under "Volunteer Engineer".

VOLUNTEER CAPTAIN: An individual in charge of a volunteer organization

VOLUNTEER COMPANY: A designation for a local volunteer organization that was formed by citizens for that community for the voluntary protection of its neighborhood. Over the years, these organizations have been incorporated into the Santa Cruz County Fire Department.

10. CHANGES AND REVISIONS

All changes and or revisions of the Santa Cruz County Fire Department's Volunteer Firefighter Handbook will be submitted to the Santa Cruz County Battalion Chiefs and the Company Officers' Committee for review. Proposed revisions will be sent to the County Fire Chief and the Fire Department Advisory Commission for review prior to inclusion in the manual. The County Fire Chief's decision is final on all revisions.

11. APPENDICES

- A. Accident report forms (Injury/Illness)
- B. Accident report forms (Vehicle accident)
- C. Volunteer Driver Vehicle Operations
- D. Volunteer Driver Vehicle Forms
- E. Volunteer Applications
- F. Santa Cruz County Sexual Harassment Pamphlet
- G. Santa Cruz County Equal Employment Opportunity/Non-discrimination Policy
- H. Provident Accident and Health Policy Benefits
- I. Safety Clothing Policy
- J. County Fire Organization Chart
- K. Description for Adverse Action 1092.2
- L. AB 220
- M. Unusual Incident Report
- N. County Fire Station Map
- O. Fire Agencies Map
- P. Training Forms: TR-7, IIPP-6
- Q. County Fire Training Course Catalog (encompasses course certifications, renewal frequencies and equivalencies.)
- R. OSHA Federal, State, and Local Mandated Requirement

Appendix A

Accident Report Forms (Injury/Illness)

FILING INJURY/ILLNESS AND RETURN TO WORK FORMS FOR SANTA CRUZ COUNTY VOLUNTEER FIREFIGHTERS

Once the supervisor learns of Volunteer injury/illness and the Volunteer needs medical attention or loses time from work, the following forms must be completed:

- **PROVIDENT A-31369** (*First Notice of Claim Form*)
 1. **Volunteer** must complete, sign and submit form.
 2. **Battalion Chief** must review and sign.
 3. **Fax Immediately** to the Training Battalion 831-335-2068
 4. **Mail a hard copy** to the Training Battalion; 1 copy for Worker's Compensation;
 5. **Original** to Provident

- **SUPERVISOR'S REPORT OF EMPLOYEE INJURY**
 1. **Supervisor** must complete, sign and submit form.

- **FORM 5020** (*State of California Employer's Report of Occupational Injury or Illness*)
 2. **Supervisor, not Volunteer**, must complete, sign and submit form.
 3. **Battalion Chief** must review and sign.
 4. **Fax Immediately** to the Training Battalion 831-335-2068
 5. **Mail a hard copy** to the Training Battalion

- **SCIF 3301/DWC FORM 1** (*State of California Employee's Claim for Workers' Compensations Benefits*)
 1. **Volunteer** must complete, sign and submit form.
 2. **Battalion Chief** must review, complete and sign. Give A copy to Volunteer.
 3. **Fax Immediately** to the Training Battalion 831-335-2068
 4. **Mail a hard copy** to the Training Battalion

- **DWC-1 DECLINATION FORM**
 1. **Supervisor and Volunteer** must complete, sign, and submit form if Volunteer refuses a copy of the DWC 1 form.

- **ACKNOWLEDGEMENT OF RECEIPT OF EMPLOYEE CLAIM FORM**
 1. Supervisor and Volunteer must complete, sign and submit form if Volunteer accepts a copy of the DWC 1 form.

- **CDF 200** (*Medical Treatment Return to Work*)

- **CDF/COUNTY FIRE PHYSICAL AND MENTAL STRESS JOB DESCRIPTION**
 - Supervisor gives Volunteer:**
 1. CDF 200 Medical Treatment/Return to Work
 2. Physical and Mental Stress Job Description
 - Volunteer gives Physician:**
 1. CDF 200 Medical Treatment/Return to Work.
 2. Physical and Mental Stress Job Description
 3. Physician identifies work status and/or restrictions.
 4. **Physician MUST sign and date both forms**
 5. Have the Physician indicate **"Workers Compensation"** on any prescriptions given.
 - Volunteer then gives the Battalion Chief the following forms, signed by Physician.**
 1. CDF 200 Medical Treatment/Return to Work.
 2. Duty Statement/CDF Physical/Mental Stress Job Description.

AND

Volunteer immediately faxes both forms to the Training Battalion at: 831-335-2068

AFTER EACH DOCTORS VISIT

The Volunteer must **immediately fax and then mail hard copies** of the **CDF 200** to the Training Battalion.

**This process continues until the physician either releases the Volunteer to Full Duty or declares the Volunteer unable to return to work in any capacity.*

□ **You MUST stay in contact with:**

1. Training Battalion Chief and Coordinator
 - a. Phone: 831-335-6745
 - b. FAX: 831-335-2068
 - c. Address: P.O. Drawer F-2, Felton, CA 95018
2. Battalion Chief
3. Company Officer/CDF Liaison.



Important Notice Regarding Fraud

- ❖ ***In General, and specifically for residents of Arkansas, Illinois, Louisiana, Rhode Island and West Virginia:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For Residents of Alabama:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines and confinement in prison, or any combination thereof.
- ❖ ***For residents of Colorado:*** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- ❖ ***For residents of the District of Columbia: WARNING:*** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- ❖ ***For residents of Florida:*** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- ❖ ***For residents of Kentucky:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- ❖ ***For residents of Maine, Tennessee, Virginia and Washington:***
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- ❖ ***For residents of Oregon:*** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For residents of Maryland :*** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For residents of New Jersey:*** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- ❖ ***For residents of New Mexico:*** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- ❖ ***For residents of New York:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- ❖ ***For residents of Ohio:*** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- ❖ ***For residents of Oklahoma: WARNING:*** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- ❖ ***For residents of Pennsylvania:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.



PROVIDENT
Insuring America's Heroes Since 1928

FIRST NOTICE OF CLAIM

PROVIDENT AGENCY, INC.
 272 ALPHA DRIVE - P.O. BOX 11588
 PITTSBURGH, PA 15238
 TOLL-FREE: 800-447-0360
 PHONE: 412-963-1200
 CLAIMS DEPT FAX: 412-963-0148
www.providentbenefits.com

*** BOTH SECTIONS MUST BE COMPLETED ***

Name		Date of Birth / /	Social Security Number
Address		City	State Zip Code
Email Address		Home Phone Number ()	
What is your regular, full time occupation?		Employed By (Name of Company)	
Employer's Address		City	State Zip Code
Employer's Phone Number ()		Date of Hire (Full Time Occupation) / /	
Please enclose pre-injury pay stub or the prior years W2 or Schedule C (if self-employed).		Wages/Earnings Hourly: Weekly:	Date of Hire (Full Time Occupation) / /
Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Accident / /	Place of Accident	Date Last Worked / /
What is your injury or illness?		How did it happen?	
Name and Address of Treating Physician		Name and Address of Hospital	
Did you lose any Time from Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown at this time		Did you file with Workers' Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I was totally disabled from / / to / /			
I was partially disabled from / / to / /			
Date you have or are expected to return to work / /			

I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND COMPLETE ACCORDING TO THE BEST OF MY KNOWLEDGE AND BELIEF. I hereby authorize any physician, hospital, insurer, governmental agency, other organization or person having any records, data or other information concerning me to furnish such records, data or information as may be requested by Provident Life and Accident Insurance Company or its duly authorized representative. I understand that in executing this authorization I waive the right for such information to be privileged. A copy of this authorization shall be considered as effective and valid as the original.

Date _____ Claimant Signature _____

THE AUTHORIZATION ON THE REVERSE SIDE OF THIS FORM MUST BE SIGNED AND RETURNED TO PROVIDENT AGENCY. THIS SECTION TO BE COMPLETED BY AUTHORIZED MEMBER OF FIRE DEPARTMENT, RESCUE OR AMBULANCE SQUAD To be complete by an official of the Named Insured (must be someone other than the claimant or claimant's family member).

<input type="checkbox"/> Yes <input type="checkbox"/> No – Claimant was a member of your organization at the time of injury or illness	Policy Number
<input type="checkbox"/> Yes <input type="checkbox"/> No – Claimant was engaged in an authorized activity at the time of injury or illness	
Name of Fire/Rescue/Ambulance Company/District or Relief Association	Your Municipality
Print Name and Title	Signed
Address	Date / /
City	State Zip Code
Telephone Number ()	
Is the claimant a <input type="checkbox"/> Volunteer <input type="checkbox"/> Career <input type="checkbox"/> PT employee <input type="checkbox"/> Auxiliary <input type="checkbox"/> Other	

See Fraud Warning Important Notice sheet attached.



Provident Agency, Inc. - Main Office: PO Box 11588 - 272 Alpha Drive
Pittsburgh, PA 15238-0588
Toll-Free: 800-447-0360 Fax: 412-963-0148

NOTE: This authorization allows the _____ to release all information pertaining to an injury that occurred on or about _____ to Provident Agency, Inc. You are not required to sign the authorization, but if you do not, we may not be able to evaluate or administer your claim(s). Please sign and return this authorization to Provident Agency, Inc. noted above.

Authorization

I authorize any health care provider including, but not limited to, any health care professional, hospital, clinic, laboratory, pharmacy or other medically related facility or service; health plan; rehabilitation professional; vocational evaluator; insurance company; reinsurer; insurance service provider; third party administrator; producer; the Medical Information Bureau; GENEX Services, Inc.; the Association of Life Insurance Companies, which operates the Health Claims Index and the Disability Income Record System; government organization; and employer that has information about my health, financial or credit history, earnings, employment history, or other insurance claims and benefits including Social Security benefits, to disclose any and all of this information to persons who administer claims for Provident. Information about my health may relate to any disorder of the immune system including, but not limited to, HIV and AIDS; use of drugs and alcohol; and mental and physical history, condition, advice or treatment, but does not include psychotherapy notes.

I understand that any information Provident obtains pursuant to this authorization will be used to evaluate and administer my claim(s) for benefits, including any assistance in my return to work. I further understand that the information is subject to redisclosure and might not be protected by certain federal regulations governing the privacy of health information.

This authorization is valid for two (2) years from the date below, or the duration of my claim, whichever is shorter. A photographic or electronic copy of this authorization is as valid as the original. I understand I am entitled to receive a copy of this authorization.

I may revoke this authorization in writing at any time except to the extent Provident has relied on the authorization prior to notice of revocation or has a legal right to contest a claim under the policy or the policy itself. I understand if I revoke this authorization, Provident may not be able to evaluate or administer my claim(s) and this may be the basis for denying my claim(s). I may revoke this authorization by sending written notice to the address above. I understand if I do not sign this authorization or if I alter its content in any way, Provident may not be able to evaluate or administer my claim(s) and this may be the basis for denying my claim(s).

(Claimant Signature)

(Date Signed)

(Print Name)

(Social Security Number)

I signed on behalf of the claimant as _____ (indicate relationship). If Power of Attorney Designee, Guardian, or Conservator, please attach a copy of the document granting authority.



DISABILITY CLAIM

(PLEASE HAVE ALL SECTIONS COMPLETED AND RETURNED TO)

Provident Agency, Inc.; 272 Alpha Drive; P.O. Box 11588

Pittsburgh, PA 15238

Phone: 800.447.0360 Fax: 412.963-0148

Authorization for Release of Protected Health Information

You are not required to sign the authorization, but if you do not, we may not be able to evaluate or administer your claim(s). I understand if I do not sign this authorization or if I alter its content in any way, Provident may not be able to evaluate or administer my claim(s) and this may be the basis for denying my claim(s). Please sign and return this authorization to Provident Agency, Inc. noted above.



I authorize _____ to release information from the record of:

Name of Facility/Person

_____/_____/_____ to

Patient Name

Birth Date

SS # / MR #

_____/_____/_____

Name of Facility/Person

Phone

Fax

_____/_____

Facility/Person Address

for the purpose of (PROVIDE A DETAILED DESCRIPTION): _____

Parts 1 and 2 must be completed to properly identify the records to be released:

1. Type of records to be released and approximate date(s) of service (check all that apply):

Inpatient

Emergency Department

Dates: _____ to _____

Outpatient

Physician Office/Clinic

I authorize the release of: (check all that apply) Mental Health Information Drug and Alcohol Information, contained in the records indicated above.

2. Specific information to be released (check all that apply):

Consults

Medical History & Physical Exam

Physician Orders

Discharge Summary/Instructions

Medication Records

Progress Notes

Laboratory Reports/Tests

Operative Report

Psychiatric/Psychological Eval

Mammography Reports

Pathology Report

Radiology Report

Emergency Dept. Reports

EKG Report (s)

Other: _____

HIV-related information contained in the parts of the records indicated above will be released through this authorization unless otherwise indicated. Do not release

I understand that this Authorization is valid for a period of two (2) years from the date of the signature, or the duration of my claim, whichever is shorter. A photographic or electronic copy of this authorization is as valid as the original. I understand that I am entitled to receive a copy of this authorization. I understand that once this information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations. I understand that I have the right to revoke this authorization at any time by sending a written request to the entity/person I authorized above to release information.

Date of Signature

Signature of Patient (14 years of age or older may authorize release of inpatient mental health information or 18 years of age or older for outpatient mental health information. A minor may authorize release of Drug & Alcohol treatment information.)

Date of Signature

Signature of Authorized Representative

N/A

Parent or Legal Guardian

Power of Attorney

Next of Kin of Deceased

Executor of Estate

Please provide supporting documentation

ORAL AUTHORIZATION (for persons physically unable to sign)

NOT Applicable to HIV related Information or Drug & Alcohol Treatment Information

I witness that the patient understood the nature of this release and freely gave their oral authorization. (Two witnesses are required)

Date

Witness # 1

Date

Witness # 2

SUPERVISOR'S REPORT OF EMPLOYEE INJURY

Name of Injured:

Date of Birth:

Job Title:

Date of Injury:

Time:

AM PM

Date Reported:

Time:

AM PM

Accident Location:

Nature of Injury:

Name of Medical Facility:

Did injured Leave Work?:

Date

Time

AM PM

Did Injured Return to Work?:

Date

Time

AM PM

Describe How Accident Occurred:

Names of Witnesses:

What Steps Have Been Taken to Prevent Similar Accident?:

Supervisor's Signature:

Date:

Employer:

State of California EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS		Please complete in triplicate (type if possible) Mail two copies to:		OSHA CASE NO.		
				FATALITY <input type="checkbox"/>		
Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.		California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.				
EMPLOYER	1. FIRM NAME		1a. Policy Number		Please do not use this column	
	2. MAILING ADDRESS: (Number, Street, City, Zip)		2a. Phone Number			CASE NUMBER
	3. LOCATION if different from Mailing Address (Number, Street, City and Zip)		3a. Location Code		OWNERSHIP	
	4. NATURE OF BUSINESS; e.g.. Painting contractor, wholesale grocer, sawmill, hotel, etc.		5. State unemployment insurance acct.no			
	6. TYPE OF EMPLOYER: Private State County City School District <input type="checkbox"/> Other Gov't, Specify: _____				INDUSTRY	
	7. DATE OF INJURY / ONSET OF ILLNESS (mm/dd/yy)		8. TIME INJURY/ILLNESS OCCURRED _____ AM _____ PM		9. TIME EMPLOYEE BEGAN WORK _____ AM _____ PM	
10. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yy)		11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? Yes No		12. DATE LAST WORKED (mm/dd/yy)		
13. DATE RETURNED TO WORK (mm/dd/yy)		14. IF STILL OFF WORK, CHECK THIS BOX:		15. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED? Yes No		
16. SALARY BEING CONTINUED? Yes No		17. DATE OF EMPLOYER'S KNOWLEDGE /NOTICE OF INJURY/ILLNESS (mm/dd/yy)		18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM FORM (mm/dd/yy)		
19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g.. Second degree burns on right arm, tendonitis on left elbow, lead poisoning				AGE		
INJURY	20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)		20a. COUNTY		21. ON EMPLOYER'S PREMISES? Yes No	
	22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g.. Shipping department, machine shop.		23. Other Workers injured or ill in this event? Yes No		DAILY HOURS	
OR	24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Acetylene, welding torch, farm tractor, scaffold				DAYS PER WEEK	
	25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Welding seams of metal forms, loading boxes onto truck.				WEEKLY HOURS	
ILLNESSES	26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g.. Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY				WEEKLY WAGE	
					COUNTY	
				NATURE OF INJURY		
				PART OF BODY		
ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E)2. Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2*.						
EMPLOYEE	35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)				SOURCE	
	37. EMPLOYEE USUALLY WORKS _____ hours per day, _____ days per week, _____ total weekly hours		37a. EMPLOYMENT STATUS regular, full-time part-time temporary seasonal		37b. UNDER WHAT CLASS CODE OF YOUR POLICY WHERE WAGES ASSIGNED	
	38. GROSS WAGES/SALARY \$ _____ per _____		39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g. tips, meals, overtime, bonuses, etc.)? Yes No		EVENT	
					SECONDARY SOURCE	
Completed By (type or print)		Signature & Title		Date (mm/dd/yy)		
* Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.						

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Attached is the form for filing a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If required you will be notified by the claims administrator, who is responsible for handling your claim, about your eligibility for benefits.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Your employer will then complete the "Employer" section, give you a dated copy, keep one copy and send one to the claims administrator. Benefits can't start until the claims administrator knows of the injury, so complete the form as soon as possible.

Medical Care: Your claims administrator will pay all reasonable and necessary medical care for your work injury or illness. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your claims administrator will pay the costs directly so you should never see a bill. There is a limit on some medical services.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness. Generally your employer selects the PTP you will see for the first 30 days, however, in specified conditions, you may be treated by your predesignated doctor or medical group. If a doctor says you still need treatment after 30 days, you may be able to switch to the doctor of your choice. Different rules apply if your employer is using a Health Care Organization (HCO) or a Medical Provider Network (MPN). A MPN is a selected network of health care providers to provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information. If your employer has not put up a poster describing your rights to workers' compensation, you may choose your own doctor immediately.

Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to be liable for up to \$10,000 in treatment until the claim is accepted or rejected.

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, for most injuries you will receive temporary disability payments for a limited period of time. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Return to Work: To help you to return to work as soon as possible, you should actively communicate with your treating doctor, claims administrator, and employer about the kinds of work you can do while recovering. They may coordinate efforts to return you to modified duty or other work that is medically appropriate. This modified or other duty may

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Se adjunta el formulario para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran, dependiendo de la índole de su reclamo. Si se requiere, el administrador de reclamos, quien es responsable por el manejo de su reclamo, le notificará sobre su elegibilidad para beneficios.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Entonces, su empleador completará la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos. Los beneficios no pueden comenzar hasta, que el administrador de reclamos se entere de la lesión, así que complete el formulario lo antes posible.

Atención Médica: Su administrador de reclamos pagará toda la atención médica razonable y necesaria, para su lesión o enfermedad relacionada con el trabajo. Es posible que los beneficios médicos incluyan el tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio y las medicinas. Su administrador de reclamos pagará directamente los costos, de manera que usted nunca verá un cobro. Hay un límite para ciertos servicios médicos.

El Médico Primario que le Atiende-Primary Treating Physician PTP es el médico con la responsabilidad total para tratar su lesión o enfermedad. Generalmente, su empleador selecciona al PTP que Ud. verá durante los primeros 30 días. Sin embargo, en condiciones específicas, es posible que usted pueda ser tratado por su médico o grupo médico previamente designado. Si el doctor dice que usted aún necesita tratamiento después de 30 días, es posible que Ud. pueda cambiar al médico de su preferencia. Hay reglas diferentes que se aplican cuando su empleador usa una Organización de Cuidado Médico (HCO) o una Red de Proveedores Médicos (MPN). Una MPN es una red de proveedores de asistencia médica seleccionados para dar tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una HCO o una MPN. Hable con su empleador para más información. Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede seleccionar a su propio médico inmediatamente.

Dentro de un día después de que Ud. presente un formulario de reclamo, su empleador autorizará todo tratamiento médico de acuerdo con las pautas de tratamiento aplicables a la presunta lesión y será responsable por \$10,000 en tratamiento hasta que el reclamo sea aceptado o rechazado.

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes se revelarán. Si Ud. solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. recibirá pagos por incapacidad temporal para la mayoría de las lesiones por un periodo limitado. Es posible que estos pagos cambien o paren, cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



be temporary or may be extended depending on the nature of your injury or illness.

Payment for Permanent Disability: If a doctor says your injury or illness results in a permanent disability, you may receive additional payments. The amount will depend on the type of injury, your age, occupation, and date of injury.

Supplemental Job Displacement Benefit (SJDB): If you were injured after 1/1/04 and you have a permanent disability that prevents you from returning to work within 60 days after your temporary disability ends, and your employer does not offer modified or alternative work, you may qualify for a nontransferable voucher payable to a school for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law based on your percentage of permanent disability.

Death Benefits: If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) benefits. Call State Employment Development Department at (800) 480-3287.

You can obtain free information from an information and assistance officer of the State Division of Workers' Compensation (DWC), or you can hear recorded information and a list of local offices by calling (800) 736-7401. You may also go to the DWC website at www.dwc.ca.gov.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their web site at www.californiaspecialist.org.

por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no pueda trabajar durante más de 14 días.

Regreso al Trabajo: Para ayudarle a regresar a trabajar lo antes posible, Ud. debe comunicarse de manera activa con el médico que le atiende, el administrador de reclamos y el empleador, con respecto a las clases de trabajo que Ud. puede hacer mientras se recupera. Es posible que ellos coordinen esfuerzos para regresarle a un trabajo modificado, o a otro trabajo, que sea apropiado desde el punto de vista médico. Este trabajo modificado u otro trabajo podría ser temporal o podría extenderse dependiendo de la índole de su lesión o enfermedad.

Pago por Incapacidad Permanente: Si el doctor dice que su lesión o enfermedad resulta en una incapacidad permanente, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, su edad, su ocupación y la fecha de la lesión.

Beneficio Suplementario por Desplazamiento de Trabajo: Si Ud. se lesionó después del 1/1/04 y tiene una incapacidad permanente que le impide regresar al trabajo dentro de 60 días después de que los pagos por incapacidad temporal terminen, y su empleador no ofrece un trabajo modificado o alternativo, es posible que usted reúna los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo entrenamiento y/o mejorar su habilidad. Si Ud. reúne los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales basado en su porcentaje de incapacidad permanente.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a los parientes o a las personas que viven en el hogar y que dependían económicamente del trabajador difunto.

Es ilegal que su empleador le castigue o despidan, por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (El Código Laboral sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (SDI). Llame al Departamento Estatal del Desarrollo del Empleo (EDD) al (800) 480-3287.

Ud. puede obtener información gratis, de un oficial de información y asistencia, de la División Estatal de Compensación de Trabajadores (*Division of Workers' Compensation - DWC*) o puede escuchar información grabada, así como una lista de oficinas locales llamando al (800) 736-7401. Ud. también puede consultar con la página Web de la DWC en www.dwc.ca.gov.

Ud. puede consultar con un abogado. La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, ó consulte con la página Web en www.californiaspecialist.org.



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información gravada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above **Empleado—complete esta sección y note la notación arriba.**

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* _____

6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____

7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. **Empleador—complete esta sección y note la notación abajo.**

9. Name of employer. *Nombre del empleador.* _____
10. Address. *Dirección.* _____
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____

15. Insurance Policy Number. *El número de la póliza de Seguro.* _____
16. Signature of employer representative. *Firma del representante del empleador.* _____
17. Title. *Título.* _____ 18. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

Employer copy/Copia del Empleador Employee copy/ Copia del Empleado

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de **un día hábil** desde el momento de haber sido recibida la forma del empleado.

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

Claims Administrator/Administrador de Reclamos Temporary Receipt/Recibo del Empleado



*Santa Cruz County Fire Agencies
Insurance Group*

RECEIPT

RECEIPT OF WORKER'S COMPENSATION CLAIM FORM (DWC-1)

Supervisor and employee complete this form **IF** employee declines to complete/file DWC-1 Form
Ensure that the employee retains the DWC-1 Form

Employee's Name (print) _____

Fire District _____

Injury Occurred Date: _____ Time: _____

Nature of Injury _____

Place Injury Occurred _____

Employee Reported Injury Date: _____ Time: _____

Claim Form (DWC-1)
Offered to Employee Date: _____ Time: _____

Employee's Signature _____

Supervisor Completing Name: _____
Form (print)

Date: _____ Time: _____

ACKNOWLEDGEMENT OF RECEIPT OF EMPLOYEE CLAIM FORM

I acknowledge receipt of an **Employee's Claim for Workers' Compensation Benefits**

(Form DWC-1 from _____

Manager, Supervisor, or Lead Person

on _____ at _____

Date

Time

Employer

Signature of Employee

MEDICAL TREATMENT/RETURN TO WORK (CAL FIRE-200)

ATTENTION: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

TO: SUPERVISOR, INJURED WORKER, AND ATTENDING DOCTOR

Provide this form and attachments to the doctor. The signed original is to be returned and maintained by the Return-to-Work Coordinator (Industrial) or Administrative Unit (Non-Industrial). If the injury is work-related, attach this form to the Employee's Claim for Workers' Compensation Benefits (SCIF-3301) and the Employer's Report of Occupational Injury or Illness (CAL FIRE-3067 or CAL FIRE-3579). If the injury is not work-related, and if applicable, attach this form to the first claim for Non-industrial Disability Insurance (DE-8501). Attach the workers' Essential Functions Duty Statement and, if applicable, the CAL FIRE Physical/Mental Stress Job Description to this form. This form is to be completed and sent to the Supervisor and/or Return-To-Work Coordinator upon **EACH** visit that the injured worker has with the doctor/medical provider.

NAME OF INJURED/ILL EMPLOYEE	CLASSIFICATION OR INMATE/WARD#	DATE OF INJURY
NAME OF EMPLOYER/INSTITUTION		PHONE #
ADDRESS CITY, STATE ZIP CODE		
SUPERVISOR'S NAME	SUPERVISOR'S CLASSIFICATION	PHONE

INJURY STATUS REPORT

TO: ATTENDING DOCTOR/MEDICAL PROVIDER

DATE OF TREATMENT: _____

Check the boxes below that apply. A short-term, modified work assignment may be available. Direct any questions on modified work assignments to the employee's supervisor. Return this form to the employee or the authorized person that accompanied him or her.

This confirms the above individual received medical treatment for an injury or illness that is: (check one)

- Non-work-related Work-related May be work-related Unknown

I have considered the following in determining the injured worker's ability to perform his or her work duties as stated within the injured worker's: Essential Functions Duties Statement (PO 199) CAL FIRE Physical/Mental Stress Job Description (safety classes)

TREATMENT ADMINISTERED	WORK STATUS	PHYSICAL/MENTAL LIMITATIONS
<input type="checkbox"/> Office visit/initial injury treatment <input type="checkbox"/> Re-evaluation <input type="checkbox"/> Redress <input type="checkbox"/> Medication <input type="checkbox"/> Physical therapy <input type="checkbox"/> Physical exam <input type="checkbox"/> Referred/follow-up treatment/exam on: _____ by: _____ <input type="checkbox"/> Telephone advice: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Assistive devices: _____ <input type="checkbox"/> Explanatory information attached	<input type="checkbox"/> Return without restrictions on: _____ <input type="checkbox"/> Return to Modified work on: _____ (Attach detailed modifications.) <input type="checkbox"/> Unable to work until: _____ <input type="checkbox"/> Never able to return to assigned work from: _____ (Attach explanation) <input type="checkbox"/> Medication effects on performance: _____	<input type="checkbox"/> No prolonged or <input type="checkbox"/> No: <input type="checkbox"/> Standing <input type="checkbox"/> Walking <input type="checkbox"/> Climbing <input type="checkbox"/> Bending <input type="checkbox"/> Sitting <input type="checkbox"/> Stooping <input type="checkbox"/> Limited use of hands: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Work near machinery: <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/> Twisting motion: <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/> Weight lifting restriction/duration: Restriction: _____ pounds Duration: <input type="checkbox"/> 1-33%--Occasional <input type="checkbox"/> 34-66%--Frequent <input type="checkbox"/> 67-100%--Constant Date(s) limitations apply: From: _____ To: _____

As of this date, the undersigned certifies that the information contained in this document is true and accurate to the best of his/her knowledge and is in compliance with Labor Code Section 139.3.

DOCTOR/MEDICAL PROVIDER	PHONE () ()	FAX () ()
ADDRESS	CITY	STATE ZIP CODE
SIGNATURE	DATE	

TO BE COMPLETED BY EMPLOYEE

EMPLOYEE COMMENTS: _____ NEXT APPOINTMENT DATE: _____

EMPLOYEE SIGNATURE: _____ DATE SIGNED: _____

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	

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		

Appendix B

Accident Report Forms (Vehicle Accident)



TOM HAMBLETON, FLEET DIVISION MANAGER
PHONE: (831) 454-2774 FAX: (831) 454-2699

COUNTY OF SANTA CRUZ TOWING PROCEDURES FOR ALL COUNTY VEHICLES INCLUDING SHERIFF'S VEHICLES

Fleet business hours: M-F, 7:30 a.m. to 4:30 p.m.

Towing Services Within Santa Cruz County

During Business Hours

Notify Fleet Operations that you require assistance, by calling (831) 454-2774. You will be instructed either to contact the appropriate towing company for that area, or Fleet Operations personnel will be dispatched to assist you. If a towing company is dispatched, and determines that the vehicle must be towed, notify Fleet Operations that they should be expecting a vehicle to be towed in. The towing company should tow the vehicle to the **Service Center @ 691 Ocean Street, Santa Cruz, 95060.**

During Non-Business Hours or if Fleet Personnel are Unavailable

Contact one of the two towing companies listed below, depending on the location of the vehicle. Notify the appropriate company of the service required. If towing service is required, ask that the vehicle be towed to the **Service Center @ 691 Ocean Street, Santa Cruz, CA 95060**, and inform them as to whether you will be riding back with the vehicle.

South County (south of 41st Ave.)

Bay City Tow
62 B Hanger Way
Watsonville, CA 95076
(831) 685-1313

North County (north of 41st Ave.)

Chaz Towing
3921 Soquel Drive Suite D
Santa Cruz, CA 95073
(831) 464-2429

Towing Services Outside Santa Cruz County

During Business Hours

Contact Fleet Operations at (831) 454-2774, to notify them of the problem and to request assistance.

During Non-Business Hours or if Fleet Personnel are Unavailable

Contact both towing companies listed above to determine the wait for each, make your selection based on that information. Notify the company you select that the vehicle needs to be towed to the **Service Center @ 691 Ocean Street, Santa Cruz, CA 95060**, and that you will be riding back with the vehicle.

***Please note that CalCard, AAA and personal credit cards should not be used. The County does not guarantee reimbursement for these methods of payment, so using them is done at your own risk. Towing is a service and as such cannot be charged on the CalCard. The tow charge will be invoiced against the established purchase order with the towing company.**

Emergency on County Property

If there is an emergency on County property, such as a vehicle blocking an exit, contact **NETCOM at (831) 471-1190** and ask them to send the on-call person from Building Maintenance.

If a problem arises involving emergency maintenance or repair of any County vehicle and requires immediate personal attention, contact **NETCOM at (831) 471-1190** to have them contact personnel on the Fleet Service Center call list

In the case of all emergencies pertaining to the Service Center not involving vehicles, notify **NETCOM at (831) 471-1190** to contact both Building Maintenance and an individual on the Service Center list.

DESCRIBE DAMAGE TO COUNTY VEHICLE:

Where is vehicle at present time?

Has vehicle been examined? Yes No By Whom?

DESCRIBE HOW THE ACCIDENT HAPPENED:

Did a Police Agency Respond? Yes No Report No.

Officer Name/Badge #:

DESCRIBE DAMAGE TO OTHER VEHICLES:

Names/Addresses of all witnesses:	
Name:	Address:
Name:	Address:
Name:	Address:

Provide a simple diagram (unless it's included with other documents) in the space below illustrating what happened. Identify all vehicles involved, their direction (use arrows) and all street names:

The facts in this report are complete and accurate to the best of my knowledge:

Driver's Signature: _____ Supervisor's Signature: _____

- Distribution:
- Original and one copy to Risk Management
 - One copy retained by Department
 - One copy to Fleet Operations/DPW Garage Department

FOR FLEET OPERATIONS/DPW GARAGE DEPARTMENT USE		
Vehicle been examined? Yes	No	By Whom?
What is the estimated cost of repair?		

Other Driver/Vehicle Involved

Driver's Name: _____

Address: _____

City/State/Zip: _____

Driver's License: _____

Vehicle Yr: _____ Make/Model: _____

Insurance Carrier: _____

Policy #: _____

Phone: _____

Describe Damage: _____

Passengers? (Names & Addresses): _____

Use space below for any additional information about driver(s), vehicle(s) or passenger(s) involved. Include information on injuries to you or others.

For Non-Vehicle Property Damage

Describe damage. List owner(s) name and address(es): _____

Complete as much of this form as possible before leaving the scene of the accident.

Use this information when filling out the Vehicle Accident Report (per 5004) for your Supervisor.



Risk Management
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

Phone: 831-454-2249
Fax: 831-454-2245

Appendix C

Volunteer Driver Vehicle Operations

Volunteer Driver Vehicle Operations

VEHICLE OPERATIONS

Departmental managers and supervisors determine which employees are authorized to operate equipment or vehicles on state business and the type or types of vehicle(s) that may be used: privately owned, commercially owned, state, or county-owned.

No members shall drive a motor vehicle (or combination of vehicles) for which the member is not licensed, per California Vehicle Code, Division 6, Chapter 1, and Article 1. After reviewing a driving record check and completing the required driver training course for the vehicle members, with valid licenses of the appropriate class, may be allowed to drive.

CODE 3 DRIVING

When dispatched to an emergency incident, responders are permitted to drive with red lights and siren (code 3) in compliance with the law and departmental regulation.

Any responder dispatched to emergencies beyond extended attack or in ICS support functions (i.e. plans, finance, logistics sections and information or liaison officers) shall not respond code 3 unless specifically directed to do so by the Emergency Command Center.

Drivers of authorized emergency vehicles are exempt from certain laws relating to speed limits, rights-of-way, and signs or signals when responding to a fire alarm or other genuine emergency (but not when returning from such an emergency). This exemption is valid only when the vehicle's red lights and siren are operating at the level necessary to warn other drivers and pedestrians.

A driver must be aware of the limitations of visual and audible warning devices, i.e., red lights and sirens. The law requires that drivers of authorized emergency vehicles use good judgment when responding to emergencies. In all cases, the safety of the general public must take precedence over the response speed of an emergency vehicle.

- When responding Code 3 and traversing an intersection, the emergency vehicle shall maintain a speed that will enable it to stop without collision should its right of way be violated. At times it may be necessary to come to a complete stop at an intersection and then proceed cautiously after determining that the intersection is clear. Regardless of intersection speed, the driver must be prepared to stop should the need arise. In any event, the maximum speed allowed through a stop sign or red light controlled intersection shall be five miles per hour or less.
- Avoid passing on the right unless no other course is open and then only at safe speeds and after ensuring that any cars passed will not drive to the right as the emergency vehicle goes by.
- Keep near the center of the roadway so that on-coming vehicle will see the red light.
- Maintain a safe distance when following another emergency vehicle. A motorist may yield to the first emergency vehicle and then pullout in front of the second.

Volunteer Driver Vehicle Operations

Note: Emergency response personnel shall use mobile equipment in a manner providing maximum protection for the general public.

Reference: CDF HB 1700 Health and Safety;
CDF HB 1732 Emergency Response Vehicle Guideline; CDF HB 4033 Code 3 Training;
CDF HB 6753.1 CDL Endorsements;
CDF HB 6780-83 Operation Driver Duty.

OFF-ROAD APPARATUS OPERATIONS

When required to operate fire apparatus off road to abate an emergency, it shall only be done within the design limitations as recommended by the manufacturer. Operators must consider the angles of approach and departure and take care to avoid high centering when operating off paved roads.

- Headlights and taillights shall remain illuminated at all times the vehicle is in operation off-road. In addition, emergency lights shall be illuminated whenever visibility is less than 300 feet. Move quickly through soft, loose, muddy areas to prevent bogging down. Maintain smooth steady speed/RPM. Don't lock brakes on down hill. When crossing watercourses maintain a slight pressure on the brakes to keep pads and linings dry-
- Park across slope if possible. Utilize both chock blocks with cables connected to the vehicle. Continually assess the situation to ensure that an escape route is available.
- When returning to paved road check the undercarriage for damage, check the tires for damage, make certain that the lug nuts are tight and remove any rocks lodged between dual tires.
- When traversing a side-hill reduce speed and keep the vehicle to the upper side of the roadway.

CHOCK BLOCKS

All CDF mobile equipment and local government mobile equipment under CDF administration or control shall be equipped with the correct number of chock blocks in accordance with CDF Policy.

Each individual operator of County Fire mobile equipment has the primary responsibility to park his/her vehicle in a safe and secure manner based on conditions.

Chock blocks shall be used whenever a volunteer/employee is under a vehicle, e.g. performing preventive maintenance, repair, etc.

BACKING

Vision to the rear is often impaired by the vehicle's body construction. This is particularly true in vehicles larger than pickups or sedans. To reduce vehicle-backing accidents, a backing guide will be used whenever a vehicle is moved backwards. The guide must be told where the driver intends to go. Even when using a guide, the driver is responsible for the vehicle.

The guide stands behind the vehicle on the side of greatest danger. The guide stands diagonally off the rear corner; far enough back to stay clear of the vehicle yet close enough to be seen in the mirror by the driver. The guide will use four standard signals.

Volunteer Driver Vehicle Operations

GOLDEN CIRCLE

Prior to vehicle movement, the driver shall walk around vehicle and inspect the area before moving forward or backwards.

VEHICLE SAFETY INSPECTIONS

? County Equipment

WINCH OPERATIONS

Before commencing winch operations the operator shall ascertain that the winch has sufficient capacity for the task at hand. The vehicle on which the winch is mounted shall face within fifteen degrees of the same direction as the cable and be securely parked. Do not winch and drive the vehicle at the same time. Use a purchase point on the object being moved that is sufficiently strong. Replace any cable or wire rope that is worn or frayed.

Cable failures, while under strain, and may cause a violent whipping action across this entire area. Do not straddle or step over winch cable during winching operations. Do not stand near the cable or winch while winching, if the cable, chain, hook, etc. breaks the cable can hit a person with enough force to cut him/her in half. Do not stand behind a vehicle while it is being winched. Do not allow any persons within the bight area of the cable.

Post an assistant in a safe position in plain view of the engine operator to observe and stop the winching operation. If the winch operator loses sight of the assistant, stop the winching operation immediately.

Note: Never wrap cable around stationary object, always wrap object with tow chain and attach hook to chain.

SNATCH BLOCK OPERATIONS

Use the snatch block whenever possible, this reduces the chance of cable breakage or damage. Wrap tow chain around an immovable object/anchor. Do not use telephone or power poles or dead or diseased trees as an anchor. Do not stand in the areas between the legs of the cable run. Failure of the snatch block may result in a serious injury. Do not exceed rated capacity of the snatch block or winch cable.

REWINDING SAFETY

While rewinding, never allow the person guiding the cable to get so close to the engine that he/she is obscured from the driver's vision. Do not allow the cable to slide through hands even with gloves on. Pass cable hand over hand to guide it onto the drum. Gloves are to be worn at all times during winch operations.

Volunteer Driver Vehicle Operations

BRIDGES 7060.9 (October 2002)

When traversing bridges, gross vehicle weight limitations shall not be exceeded except by permit granted by the appropriate engineering authority or during suppression activities.

If no limitation is posted, inspect the bridge, including the underside. Look for concrete abutments with firmly planted foundations. Girders should be steel or concrete. Wood members should span only short distances (10 feet or less), be stout, and not be old or rotten. Consider off loading water and equipment. Have firefighters walk across the bridge after the vehicle crosses.

If the bridge is questionable, do not traverse it. Develop an alternate route and communicate the deficiency to other units.

Reference: HB 6700 Mobile Equipment; HB 6751 Equipment Vehicle Use; HB 6753 License Requirements.

SUBSTANCE ABUSE 7060.10 WHILE OPERATING A STATE VEHICLE (October 2002)

When the operator of a commercial motor vehicle is involved in an accident he/she shall be tested for alcohol and controlled substances if the following circumstances exist:

The operator was using the vehicle to perform safety sensitive functions and the accident involved the loss of human life; or

The operator received a citation under state or local law for a moving violation arising from an accident the accident involved bodily injury requiring treatment away from the scene and/or resulted in damage to vehicle that required the vehicle to be towed or transported away.

Reference: HB 1000 Personnel Management, HB 1081 Employee Rule of Conduct (96) and 1084 Substance Abuse Policy (96).

Appendix D

Volunteer Driver Vehicle Forms



CALFIRE/County Fire Driving Evaluation – Log Book

Driver Information:

Driver's Name:		Driver's Position:	
Driver's License #:	Expiration Date:	Restrictions:	
Driver's Agency:	<input type="checkbox"/> CAL FIRE	<input type="checkbox"/> San Mateo County	<input type="checkbox"/> Santa Cruz County
	<input type="checkbox"/> Coastside	<input type="checkbox"/> Pajaro Valley	
Driver/Operator 1A Completion Date:			

Driving Evaluation:

Date of Evaluation:	
Evaluator's Name:	Evaluator's License #:
Vehicle ID Number:	
Start Time:	Finish Time:
Amount of Time Driven:	
Odometer Start:	Odometer Finish:
# of Miles Driven:	
Weather Conditions:	Road Surface:

Recommendations:

Driving Evaluation:

Date of Evaluation:	
Evaluator's Name:	Evaluator's License #:
Vehicle ID Number:	
Start Time:	Finish Time:
Amount of Time Driven:	
Odometer Start:	Odometer Finish:
# of Miles Driven:	
Weather Conditions:	Road Surface:

Recommendations:

Driving Evaluation:

Date of Evaluation:	
Evaluator's Name:	Evaluator's License #:
Vehicle ID Number:	
Start Time:	Finish Time:
Amount of Time Driven:	
Odometer Start:	Odometer Finish:
# of Miles Driven:	
Weather Conditions:	Road Surface:

Recommendations:

Driving Evaluation:

Date of Evaluation:	
Evaluator's Name:	Evaluator's License #:
Vehicle ID Number:	
Start Time:	Finish Time:
Amount of Time Driven:	
Odometer Start:	Odometer Finish:
# of Miles Driven:	
Weather Conditions:	Road Surface:

Recommendations:

Driving Evaluation:

Date of Evaluation:	
Evaluator's Name:	Evaluator's License #:
Vehicle ID Number:	
Start Time:	Finish Time:
Amount of Time Driven:	
Odometer Start:	Odometer Finish:
# of Miles Driven:	
Weather Conditions:	Road Surface:

Recommendations:



CDF/County Fire Street/Highway/Off Road Driving Evaluation

Driver/Vehicle Information:

Driver's Name:		Date of Evaluation:	
Evaluator's Name:		# of Miles Driven:	
Vehicle Number:		License Number:	
Start Time:		Finish Time:	
Weather Conditions:		Road Surface:	
Driver's License #:		Expiration Date:	Restrictions:
Type of Evaluation: <input type="checkbox"/> Pre-Response <input type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency			

S-Satisfactory **NI**-Needs Improvement **U**-Unsatisfactory **N/A**-Not Applicable

Pre-Response:

	S	NI	U	N/A
<i>Conduct pre-response inspection</i> (according to department guidelines)				
<i>Complete documentation</i> (according to department guidelines)				
<i>Conduct walk-around</i> (Circle of Safety)				
<i>Adjust cab features</i>				
✓ Mirrors, seat, seat belt				
<i>Secure seat belt – driver</i>				
<i>Secure seat belt – crew</i>				
<i>Start engine properly</i> (according to department guidelines)				
<i>Check braking systems</i>				
✓ Test service and parking				
<i>Build full pressure in air tanks</i>				
<i>Check instruments for normal readings</i>				
<i>Receive signal before moving</i>				
<i>Start unit moving smoothly</i>				
✓ Proper gear				
✓ Use clutch properly				

Recommendations:

Non-Emergency Driving:

	S	NI	U	N/A
Complete the following:				
<input type="checkbox"/> Four left and four right-hand turns				
<input type="checkbox"/> Straight section of urban business street or a two-lane rural road at least 1 mile (1.6 km)				
<input type="checkbox"/> One through intersection and two intersections where a stop has to be made				
<input type="checkbox"/> One railroad crossing				
<input type="checkbox"/> One curve, either left or right				
<input type="checkbox"/> Section of a limited highway that includes a conventional ramp entrance and exit				
<input type="checkbox"/> Section of road long enough to allow two lane changes				
<input type="checkbox"/> Downgrade steep enough and long enough to require down-shifting and braking				
<input type="checkbox"/> Upgrade steep enough and long enough to require gear changing to maintain speed				
<input type="checkbox"/> One underpass of low clearance or bridge				
Proper speed maintained				
✓ According to posted limits				
✓ Weather conditions				
✓ Retarder adjusted for road conditions (according to department guidelines)				
✓ Cautionary areas				
✓ Highway/road conditions				
✓ Pedestrian traffic				
Proper following distance maintained				
✓ Under 40 mph – 4 second rule				
Lane change				
✓ Signal correctly				
✓ Use mirrors				
✓ Pause before change to check blind spots				
✓ Accelerate into lane change				
Intersection – uncontrolled (direction of travel)				
✓ Decelerate and cover the brake				
✓ Scan intersection for potential hazards				
✓ Proceed through with caution				
Intersection – controlled (direction of travel)				
✓ Decelerate and cover brake				
✓ Scan intersection for potential hazards				
✓ Come to a complete stop				
✓ Confirm other vehicles have stopped				
✓ Have partner communicate that the right side is clear				
Backing				
✓ Position to avoid if possible				
✓ Give audible notice				
✓ Spotter used				
✓ If no spotter, conduct Circle of Safety				
✓ Check front corners				
✓ Maintain speed control				

Non-Emergency Driving, Continued:

	S	NI	U	N/A
Parking				
✓ Spotter used				
✓ Park without hitting objects or vehicles				
✓ Park correct distance from curb				
✓ Secure unit (according to department guidelines)				
✓ Carefully enter traffic from parking position				
Railroad Crossings				
✓ Slow down and cover the brake				
✓ Complete stop – unguarded crossings				
✓ Proceed through with caution				
Departing Scene				
✓ Conduct walk-around				
✓ Secure seat belt – crew				
✓ Secure patient				
Night Driving				
✓ Do not exceed speed limit				
General Driving				
✓ Braking				
➤ Apply ABS and air brakes properly (do not pump brakes)				
➤ Reduce speed and brake/downshift before curves				
Shifting				
✓ Downshift and change gears properly				
Proper Hand Position (10 and 2) (9 and 3 with air bags)				
Adverse Conditions				
✓ Reduce Speed				
Driver Awareness				
✓ Alert and aware				
✓ Take most efficient route to destination				

Off Road Driving:

	S	NI	U	N/A
Place Vehicle into all-wheel drive before going off-road				
Proceed Slowly				
Drive straight up hill				
Proceed at angle to avoid "bottoming out" when crossing a ditch				
Follow existing paths or trails				
Use scout where visibility is limited				
Proper hand placement (thumbs outside)				
Set emergency brake if vehicle stalls				
Complete the following: (according to department policies, procedures and vehicle design limitations)				
<input type="checkbox"/> Travel on loose or wet soil				
<input type="checkbox"/> Steep grade (30 percent fore and aft)				
<input type="checkbox"/> Limited sight distance				
<input type="checkbox"/> Blind Curve				
<input type="checkbox"/> Vehicle clearance obstacles (height, width, undercarriage, angle of approach, angle of departure)				
<input type="checkbox"/> Limited space for turnaround				
<input type="checkbox"/> Side slopes (20 percent side to side)				

Emergency Response:

	S	NI	U	N/A
<i>Lights and sirens used correctly (according to department guidelines)</i>				
<i>Speed according to posted limits or reduced at the following:</i>				
✓ Intersections				
✓ Congested highways				
✓ Schools				
✓ Weather conditions				
✓ Passing other vehicles				
✓ Cautionary areas				
<i>Maintain a safe following distance</i>				
✓ 4 second rule-under 40 mph				
<i>Intersections – uncontrolled</i> (direction of travel)				
✓ Lights/sirens used correctly				
✓ Decelerate and cover brake				
✓ Scan for hazards				
✓ Proceed through with caution				
<i>Intersections – controlled</i> (direction of travel)				
✓ Lights/sirens used correctly				
✓ Decelerate and cover brake				
✓ Avoid using opposing lane if possible				
✓ Complete stop before entering intersection				
✓ Treat each lane of crossing traffic as a separate intersection				
<i>Apparatus placement</i>				
✓ Position vehicle to protect personnel and scene (according to department guidelines)				
✓ Shut down excessive emergency response lights				
✓ Place safety cones for traffic flow				



CAL FIRE/County Fire Emergency Vehicle Maintenance Record

Vehicle Description: _____ Manufacturer's Serial #: _____
Model Year: _____ License Plate #: _____

Time Record

Make	Warranty (Life)	Date Installed	Odometer

Battery Record

Motor Oil & Oil Filter Record

Date	Months or Miles	Quarts of Oil	Filter	Remarks

Lubrication Record

Date	Remarks	Date	Remarks



CAL FIRE/County Fire Vehicle Driver's Safety Check

Date: _____ Odometer: _____ Unit #: _____

- Pre-Trip Inspection Post-Trip Inspection

Only Items Checked Require Attention:

- | | |
|--|---|
| <input type="checkbox"/> Gauges-
<i>Ammeter, Oil Pressure, Fuel,
Water Temperatures, Air Pressure
or Vacuum</i> | <input type="checkbox"/> Head Lights |
| <input type="checkbox"/> Windshield Wipers | <input type="checkbox"/> Tail Lights |
| <input type="checkbox"/> Windshield & Windows | <input type="checkbox"/> Stop Lights |
| <input type="checkbox"/> Heater & Defroster | <input type="checkbox"/> Turn Signals & 4 Way Flasher |
| <input type="checkbox"/> Mirrors | <input type="checkbox"/> Reflectors |
| <input type="checkbox"/> Brakes (Foot & Parking) | <input type="checkbox"/> Emergency Equipment |
| <input type="checkbox"/> Engine Noises | <input type="checkbox"/> Clearance Lights |
| <input type="checkbox"/> Horn & Sirens | <input type="checkbox"/> Emergency Warning Lights |
| <input type="checkbox"/> Steering | <input type="checkbox"/> Side Marker Lights |
| <input type="checkbox"/> Vehicle Body | <input type="checkbox"/> Brake Hoses |
| <input type="checkbox"/> Wheels, Tires, Lugs | <input type="checkbox"/> Compartment Door Locks |
| <input type="checkbox"/> Fuel Tank and Cap | <input type="checkbox"/> Drain Air Tanks of Moisture |
| <input type="checkbox"/> Leaks-Water, Fuel, Oil | <input type="checkbox"/> Air Systems |
| | <input type="checkbox"/> Mounted Equipment |
| | <input type="checkbox"/> Other-If Applicable |

Remarks: *(Explain unsatisfactory items noted above)*

Signature of Driver: _____ **Date:** _____

To Be Completed by Repair Shop

Mechanic's Report (If defects are noted)

Signature of Repair Shop: _____ **Date:** _____

Foreman or Mechanic (Use back of form for additional remarks.)



CAL FIRE/County Fire Vehicle Driver's Safety Check

Date: _____ Odometer: _____ Unit #: _____

- Pre-Trip Inspection Post-Trip Inspection

Only Items Checked Require Attention:

- | | |
|--|---|
| <input type="checkbox"/> Gauges-
<i>Ammeter, Oil Pressure, Fuel,
Water Temperatures, Air Pressure
or Vacuum</i> | <input type="checkbox"/> Head Lights |
| <input type="checkbox"/> Windshield Wipers | <input type="checkbox"/> Tail Lights |
| <input type="checkbox"/> Windshield & Windows | <input type="checkbox"/> Stop Lights |
| <input type="checkbox"/> Heater & Defroster | <input type="checkbox"/> Turn Signals & 4 Way Flasher |
| <input type="checkbox"/> Mirrors | <input type="checkbox"/> Reflectors |
| <input type="checkbox"/> Brakes (Foot & Parking) | <input type="checkbox"/> Emergency Equipment |
| <input type="checkbox"/> Engine Noises | <input type="checkbox"/> Clearance Lights |
| <input type="checkbox"/> Horn & Sirens | <input type="checkbox"/> Emergency Warning Lights |
| <input type="checkbox"/> Steering | <input type="checkbox"/> Side Marker Lights |
| <input type="checkbox"/> Vehicle Body | <input type="checkbox"/> Brake Hoses |
| <input type="checkbox"/> Wheels, Tires, Lugs | <input type="checkbox"/> Compartment Door Locks |
| <input type="checkbox"/> Fuel Tank and Cap | <input type="checkbox"/> Drain Air Tanks of Moisture |
| <input type="checkbox"/> Leaks-Water, Fuel, Oil | <input type="checkbox"/> Air Systems |
| | <input type="checkbox"/> Mounted Equipment |
| | <input type="checkbox"/> Other-If Applicable |

Remarks: *(Explain unsatisfactory items noted above)*

Signature of Driver: _____ **Date:** _____

To Be Completed by Repair Shop

Mechanic's Report (If defects are noted)

Signature of Repair Shop: _____ **Date:** _____

Foreman or Mechanic (Use back of form for additional remarks.)

Appendix E

Volunteer Application



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
------	-----------	------

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

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

OATH

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	<u> </u>
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	<u> </u>
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	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • 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	<u> </u>
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	<u> </u>

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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 2015
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 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • 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 <u> </u>
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 *Converting Credits to Withholding Allowances for 2015 Form W-4* 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		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	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
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						

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

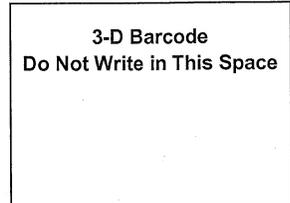
2. Form I-94 Admission Number: _____

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)



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 style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="text-align: center;">3-D Barcode Do Not Write in This Space</p> </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:
---	--------------------	--

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 Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C 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:		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		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>*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.</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

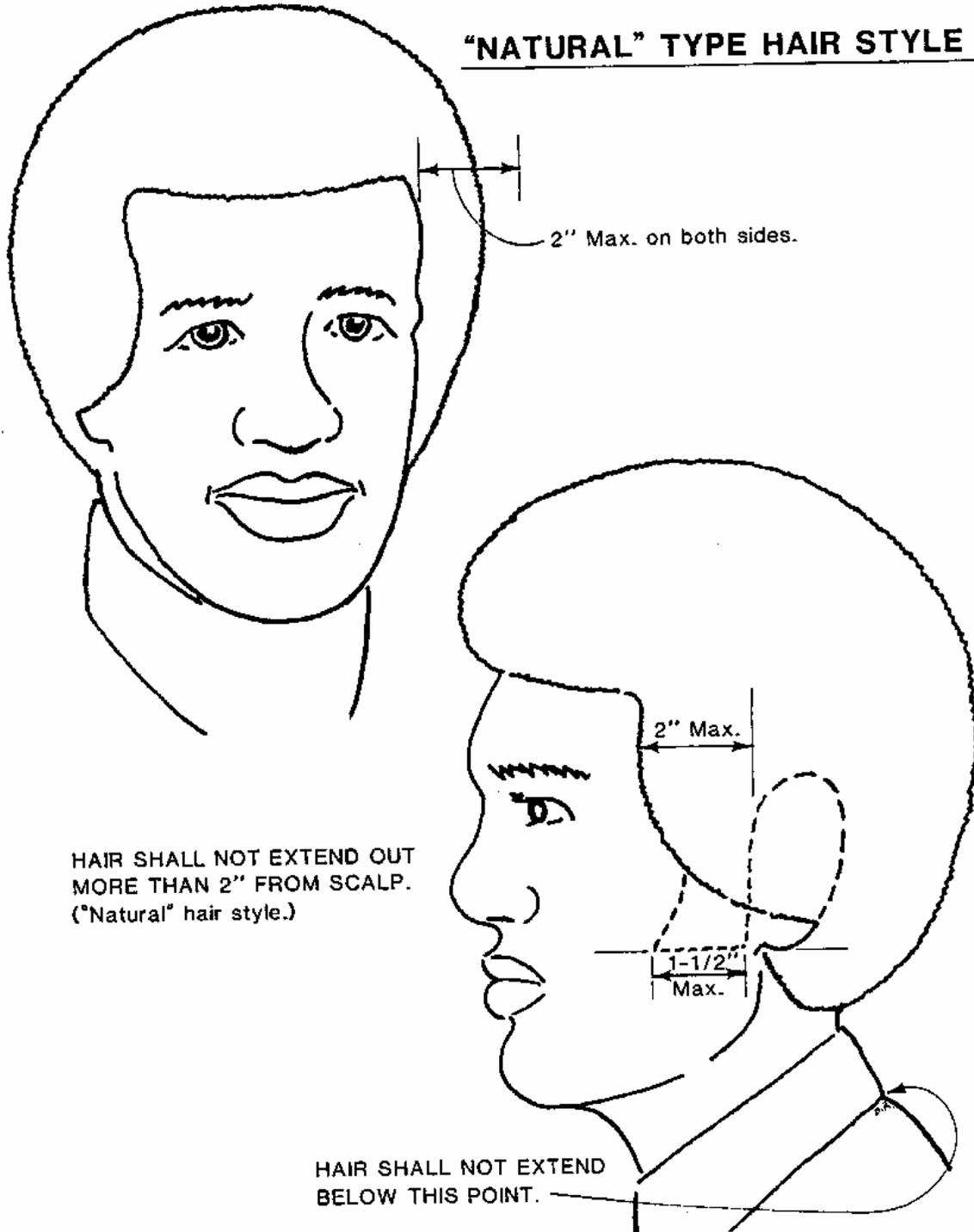
Date

Initials and Date

GROOMING STANDARDS (1000)

(September 1988)

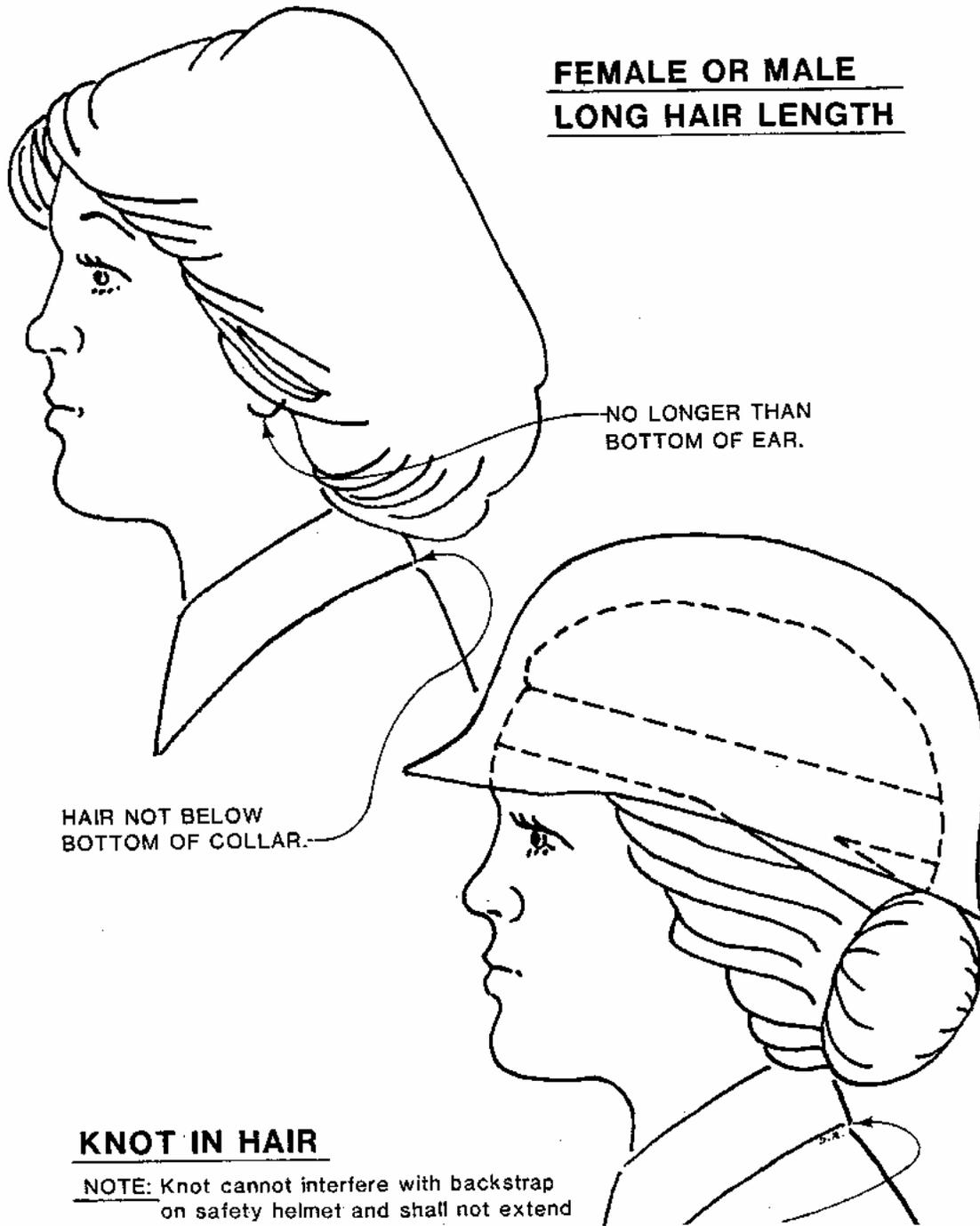
"NATURAL" TYPE HAIR STYLE



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

HAIR SHALL NOT EXTEND BELOW THIS POINT.

FEMALE OR MALE
LONG HAIR LENGTH



NO LONGER THAN
BOTTOM OF EAR.

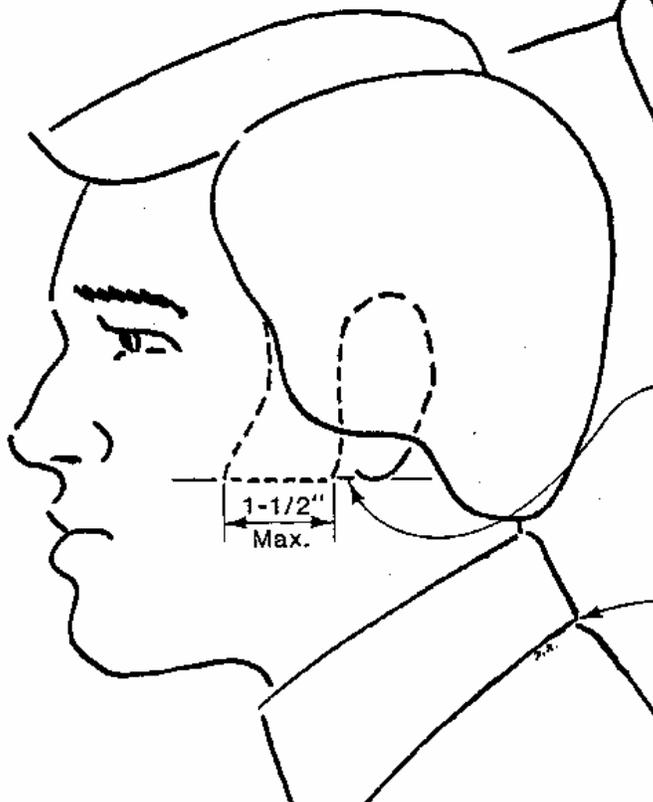
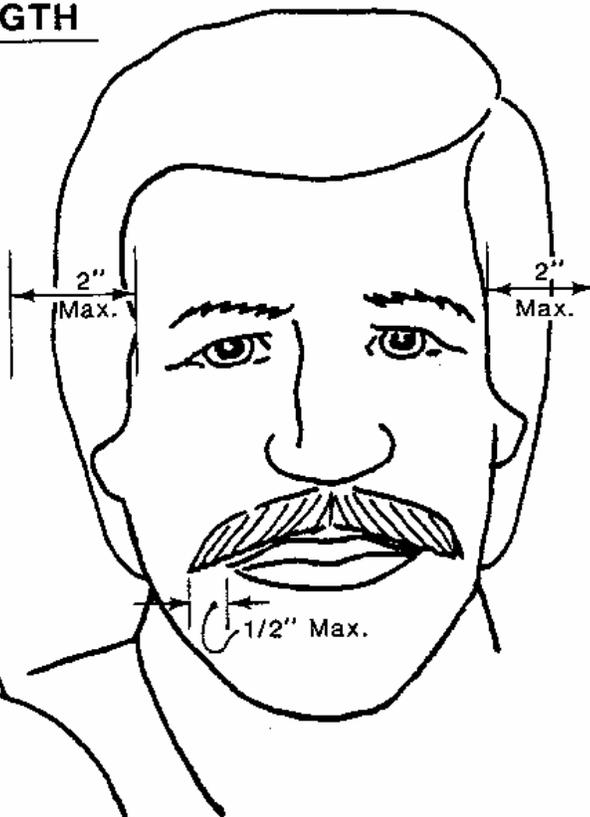
HAIR NOT BELOW
BOTTOM OF COLLAR.

KNOT IN HAIR

NOTE: Knot cannot interfere with backstrap
on safety helmet and shall not extend
below bottom of collar.

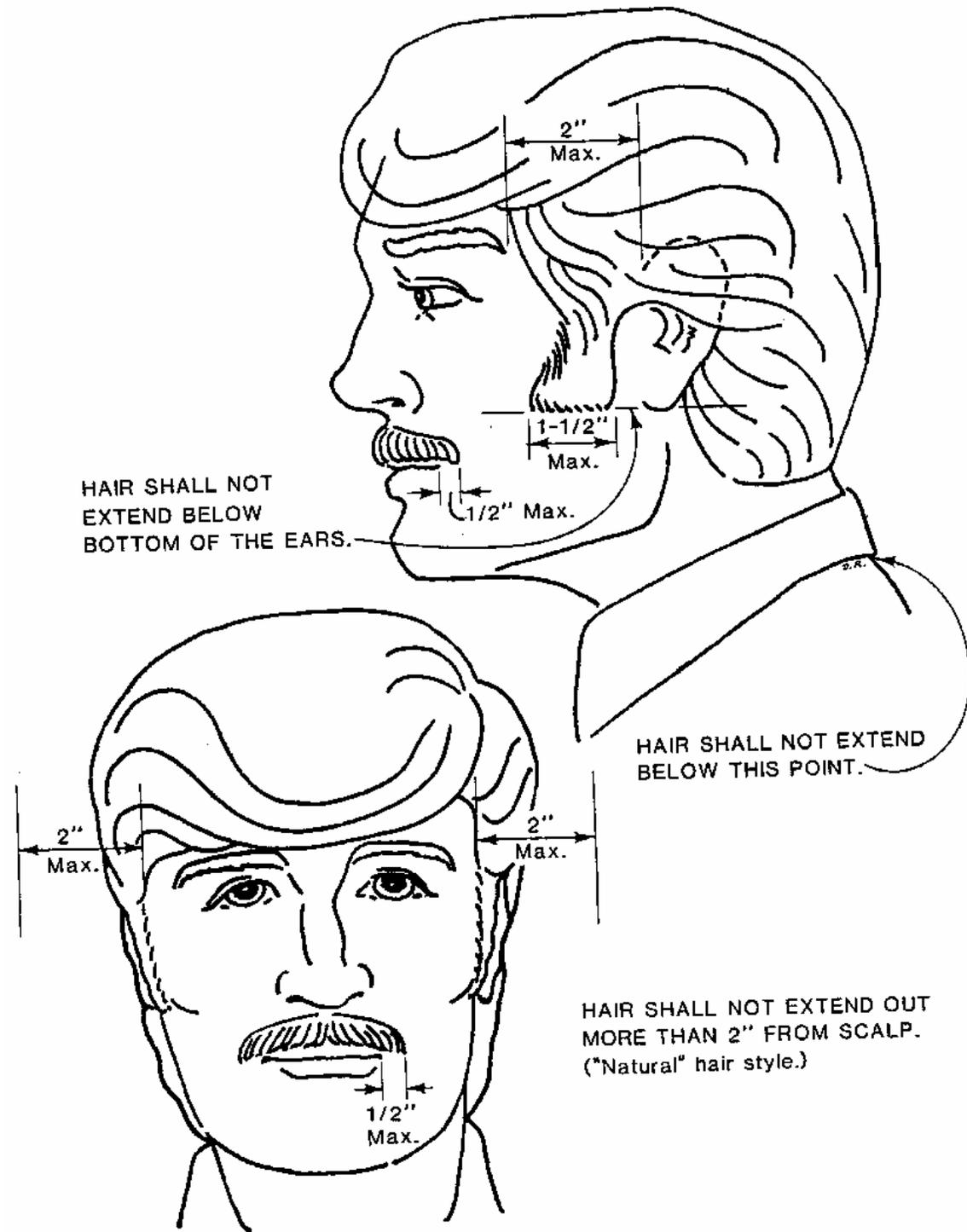
SIDEBURNS/HAIR LENGTH

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) Sadoomasochistic 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



CAL FIRE/COUNTY FIRE

SAN MATEO-SANTA CRUZ

VOLUNTEER DRIVER APPLICATION

COMPANY NUMBER _____
DATE APPLICATION SUBMITTED _____

INSTRUCTIONS:

- PRINT** or **TYPE** the requested information on this application.
- DO NOT** LEAVE **ANY** SPACES BLANK.
- Attach copies of the required certificates.

NAME: _____
Last
First
Middle

REQUIRED CERTIFICATIONS

CERTIFICATION	DATE COMPLETED
<input type="checkbox"/> Must be a Volunteer Fire Fighter II with Santa Cruz County Fire Department for 12 months	
<input type="checkbox"/> SFM Driver Operator 1A	
<input type="checkbox"/> Driver Training Task Book (14 hours of driving minimum)	
<input type="checkbox"/> Commanding the Initial Response or course equivalent (such as Command 1A, IM2)	
<input type="checkbox"/> NIMS - 800	
<input type="checkbox"/> Current DMV Report	
<input type="checkbox"/> Copy of current Class C License with CA FF Endorsement	
<input type="checkbox"/> Successful completion of written and manipulative skills exercise	

TRAINING CHIEF VERIFICATION OF TRAINING: _____ DATE: _____

I 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 FOR CAL FIRE/COUNTY FIRE.

EMPLOYEE SIGNATURE: _____ DATE: _____

The signatures below are approval and confirmation that the above stated Volunteer meets or exceeds the qualifications to be a "Volunteer Driver" for CAL FIRE/ County Fire as outlined in the *Santa Cruz County Volunteer Firefighter Handbook*.

COMPANY OFFICER SIGNATURE: _____ DATE: _____

BATTALION CHIEF SIGNATURE: _____ DATE: _____

OPERATIONS CHIEF SIGNATURE: _____ DATE: _____



CAL FIRE/COUNTY FIRE SAN MATEO-SANTA CRUZ

VOLUNTEER ENGINEER APPLICATION

COMPANY NUMBER _____
DATE APPLICATION SUBMITTED _____

INSTRUCTIONS:

- PRINT** or **TYPE** the requested information on this application.
- DO NOT LEAVE ANY SPACES BLANK.**
- Attach copies of the required certificates.

NAME: _____
Last
First
Middle

REQUIRED CERTIFICATIONS

CERTIFICATION	DATE COMPLETED
<input type="checkbox"/> Must be a Volunteer Driver in good standing with Santa Cruz County Fire Department for 6 months	
<input type="checkbox"/> SFM Driver/Operator 1B	
<input type="checkbox"/> Current California Class C License with Firefighter Endorsement	
<input type="checkbox"/> S-231 Engine Boss - required for engine (CICCS)	
<input type="checkbox"/> SFM Fire Command 1A	
<input type="checkbox"/> SFM or NWCG ICS-300	
<input type="checkbox"/> Successful completion of written and manipulative skills exercise	

TRAINING CHIEF VERIFICATION OF TRAINING: _____ DATE: _____

I 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 FOR CAL FIRE/COUNTY FIRE.

EMPLOYEE SIGNATURE: _____ DATE: _____

The signatures below are approval and confirmation that the above stated Volunteer meets or exceeds the qualifications to be a "Volunteer Engineer" for CAL FIRE/ County Fire as outlined in the Santa Cruz County Volunteer Firefighter Handbook.

COMPANY OFFICER SIGNATURE: _____ DATE: _____

BATTALION CHIEF SIGNATURE: _____ DATE: _____

OPERATIONS CHIEF SIGNATURE: _____ DATE: _____



CDF/COUNTY FIRE SAN MATEO-SANTA CRUZ

VOLUNTEER CAPTAIN APPLICATION

COMPANY NUMBER _____
DATE APPLICATION SUBMITTED _____

INSTRUCTIONS:

- Please **PRINT** or **TYPE** the requested information on this application.
- If an item does not apply to you, mark the space with "**N/A**".
- DO NOT LEAVE ANY SPACES BLANK.**
- Please attach copies of the required certificates.

NAME: _____
Last First Middle

REQUIRED CERTIFICATIONS

CERTIFICATION	DATE COMPLETED
<input type="checkbox"/> 24 months experience as a " VOLUNTEER ENGINEER "	
<input type="checkbox"/> SFM Command 1C	
<input type="checkbox"/> SFM Instructor 1A	
<input type="checkbox"/> SFM Fire Management 1	
<input type="checkbox"/> Must pass a written exam and manipulative skills exercise	

TRAINING CHIEF VERIFICATION OF TRAINING: _____ DATE: _____

I 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 FOR CDF/COUNTY FIRE.

EMPLOYEE SIGNATURE: _____ DATE: _____

The signatures below are approval and confirmation that the above stated Volunteer meets or exceeds the qualifications to be a "Volunteer Captain" for CDF/ County Fire as outlined in the *Santa Cruz County Volunteer Firefighter Handbook*.

COMPANY OFFICER SIGNATURE: _____ DATE: _____

BATTALION CHIEF SIGNATURE: _____ DATE: _____

OPERATIONS CHIEF SIGNATURE: _____ DATE: _____

Appendix F

Santa Cruz County Sexual Harassment Pamphlet

OCR Office of Civil Rights

CALIFORNIA DEPT. OF CORRECTIONS &
REHABILITATION
Office of Civil Rights
Mission Statement

The Office of Civil Rights (OCR) serves all employees of the Department of Corrections and Rehabilitation by ensuring effective processes for the filing, investigation and resolution of complaints, developing policy, providing technical assistance and training to all CDCR staff.

The mission of the OCR is to create and maintain a working environment free of discrimination for all California Department of Corrections and Rehabilitation employees applicants, and contractors.

Rita Mollica
Assistant Secretary
Office of Civil Rights

Discrimination Complaint Hotline
1-800-272-1408

California Department of
Corrections and Rehabilitation
Office of Civil Rights
Post Office Box 942883
Sacramento, CA 94283-0001

Sept 2008

State of California
Department of Corrections and Rehabilitation
Office of Civil Rights
P.O. Box 942883
Sacramento, CA 94283-0001

California Department of Corrections & Rehabilitation Office of Civil Rights

Sexual Harassment is Against the Law

Sexual Harassment in the workplace is a violation of the law. *It is the policy of CDCR to provide a work environment free of discrimination and harassment, including zero tolerance for conduct that could lead to Sexual Harassment.*

Definition of Sexual Harassment

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature that interferes with work performance by creating an intimidating, hostile, or offensive work environment. Some examples that constitute sexual harassment are as follows:

- ✓ Unwanted sexual advances
- ✓ Offering employment benefits in exchange for sexual favors
- ✓ Making or threatening reprisals after a negative response to a sexual advance
- ✓ Visual conduct, e.g. leering, making sexual gestures, displaying sexually explicit objects or pictures, cartoons or posters
- ✓ Verbal conduct, e.g. making or using derogatory comments, epithets, slurs and jokes
- ✓ Verbal sexual advances or propositions.

- ✓ Verbal abuse of a sexual nature, graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, suggestive or obscene letters, notes or invitations
- Physical conduct, e.g. touching, assault, impeding or blocking movement

Department's Obligation to:

- ✓ Take all reasonable steps to prevent discrimination and harassment from occurring.
- ✓ Develop and implement a sexual harassment prevention policy.
- ✓ Provide training to its employee's on its sexual harassment policy.
- ✓ Take immediate and appropriate action to stop conduct that may be in violation of its sexual harassment policy.

Liability: As a Department we may be liable for sexual harassment even if we are not aware of the harassment. It is imperative that when an allegation of sexual harassment is filed, we take immediate and appropriate action to stop the conduct that may be in violation of the Department's policy and/or State or Federal law.

The Department may avoid liability if the harasser is a rank and file employee and if the Department had no knowledge of the harassment and if there was a program to prevent harassment.

If the harasser is a rank and file employee and the Department was aware of the harassment, liability may be avoided if we

take immediate and appropriate corrective action to stop the harassment.

Harassers, including both supervisory and non-supervisory personnel, may be held personally liable for harassing an employee or co-worker or for aiding and abetting harassment.

Additionally, both State and Federal law requires the Department to take "all reasonable steps to prevent harassment from occurring." If the Department fails to take such steps, it can be held liable for harassment.

A victim may be entitled to damages even though no employment opportunity has been denied and there is no actual loss of pay or benefits.

Typical Sexual Harassment Cases

The three most common types of sexual harassment complaints filed with the Department are those which:

- ✓ An employee is fired or denied a job or an employment benefit because he/she refused to grant sexual favors or because he/she complained of harassment. Retaliation for complaining about harassment is illegal, even if it cannot be demonstrated that the harassment actually occurred
- ✓ An employee quits because he/she can no longer tolerate an offensive work environment, referred to as a "constructive discharge." If it is proven
- ✓ that a reasonable person in the victim's position, under like conditions, would resign to escape the harassment, the employer

✓ may be held responsible for the resignation as if the employee had been discharged.

✓ An employee is exposed to an offensive work environment. Exposure to various kinds of behavior or to unwanted sexual advances alone may constitute harassment.

Preventing Sexual Harassment

A program to eliminate sexual harassment from the workplace is not only required by law (CA Gov't Code § 12950.1, every two years to all supervisors), but is the most practical way to avoid or limit liability if harassment should occur despite preventive efforts.

Training of All Staff in the Workplace

All employees should be made aware of the seriousness of violations of the sexual harassment policy. Supervisory personnel should be educated about their specific responsibilities. Rank and file employees must be cautioned against using peer pressure to discourage harassment victims from using the complaint process.

Complaint Process

An employee within the Department has the right to file a complaint of sexual harassment by five methods:

- ✓ With the local EEO Coordinator.
- ✓ With the Office of Civil Rights.
- ✓ With the CA Dept. of Fair Employment and Housing, or
- ✓ With the U.S. Equal Employment Opportunity Commission.
- ✓ Or with the State Personnel Board to appeal a Departmental action or finding.

Appendix G

Santa Cruz County EEO/Non-Discrimination Policy

**DISCRIMINATION AND HARASSMENT COMPLAINT
FILING DEADLINE REQUIREMENTS**



COUNTY OF SANTA CRUZ

**EEO / NONDISCRIMINATION &
REASONABLE ACCOMMODATION POLICY**

The chart below identifies the filing and response deadlines.

Alleged discriminatory or harassing act	day 1
Employee discussion with supervisor	within 10 working days
Response complaint from supervisor	within 5 working days
Formal complaint to department head	within 5 working days
Response from department head	within 10 working days
Formal complaint to EEO Officer	within 5 working days
Report of EEO to County Counsel	within 20 working days
Report to complainant/department head	within 20 working days
Final decision published	within 5 working days
Appeal to CAO	within 7 calendar days
CAO decision	within 45 calendar days

An employee need not proceed to the next step of the complaint procedure once the complaint has been resolved.

For more information, please contact the Equal Employment Opportunity Office at 701 Ocean Street, Room 310, Personnel Department, Santa Cruz, CA 95060. Telephone: (831) 454-2600. TDD: (831) 454-2123.

PER-EEO-4027
8/22/07

The County of Santa Cruz is committed to equal employment opportunity and nondiscrimination in all personnel transactions including, but not limited to: recruitment, selection, transfer, promotion, retention, discipline, compensation, assignment, benefits, training, evaluation, layoff and rehire. The County pledges to be fair and impartial with all employees and applicants for employment without regard to:

- | | |
|---|--------------------|
| Race | Gender |
| Color | Marital Status |
| Religion | Sex |
| National Origin | Sexual Orientation |
| Ancestry | Age (over 18) |
| Disability | Veteran Status |
| Creed | Pregnancy |
| Medical Condition (cancer-related and genetic characteristic) | |
| Any other non-merit factor | |

Harassment and discrimination are unacceptable and are prohibited in the work environment. Employees who engage in such conduct are subject to disciplinary action up to and including dismissal.

Applicants and employees with disabilities may qualify for reasonable accommodations in the workplace under the Americans with Disabilities Act (ADA) and/or the Fair Employment and Housing Act (FEHA). Accommodations may be requested on the Reasonable Accommodation Request form (PER1100A), available in the Equal Employment Opportunity (EEO) Office.

All County policies and forms related to Equal Employment Opportunity and Reasonable Accommodation are available on the County's Intranet site and at the County's EEO Office.

Equality of opportunity, fair access, equal treatment and diversity are integral elements of the County's merit system, and are reflected in County personnel policies and practices. Each employee of the County of Santa Cruz is expected to take affirmative steps, within his or her job responsibility, to implement this policy and protect the rights it guarantees.

The Board of Supervisors is committed to making proactive efforts to ensure equal employment opportunity in order to best serve the diverse County population and to achieve the most qualified workforce.

To assist the County with this goal, each department has an EEO Liaison to coordinate specific projects between the EEO Office and the department. Each department also has two Sexual Harassment Liaisons (both male and female) and one Americans with Disabilities Act (ADA) Liaison who act as resources for the employees of that department. Employees are encouraged to contact their departmental liaisons to discuss any discrimination, harassment or accommodation issues or may call the EEO Office directly.

RESPONSIBILITIES OF THE EQUAL EMPLOYMENT OPPORTUNITY OFFICE

The County Administrative Officer (CAO) has designated the EEO Officer as the manager of the County's Equal Employment Opportunity/Nondiscrimination program and all related programs and activities. The EEO Officer communicates the Board's equal employment opportunity / nondiscrimination goals and ensures that each department takes such action as is necessary to achieve these goals in accordance with the Equal Employment Opportunity /Nondiscrimination Policy and with Federal and State laws. The EEO Office:

1. Investigates alleged violations of the County's harassment and discrimination policies, the Americans with Disabilities Act and the Fair Employment and Housing Act.

2. Provides training to County employees, departments and liaisons regarding areas within the scope of the EEO Office.
3. Prepares the County's EEO Plan, which compares the County's workforce composition to the local available labor force and identifies underutilized classes. The Plan also lists diversity achievements by department and identifies action steps to ensure equal employment opportunity and cultural competence. This Plan is available within each department.
4. Consults with departments and employees regarding EEO reports, complaints, training, recruitment, hiring, retention and promotion of personnel.
5. Implements and monitors the Americans with Disabilities Act Transition Plan and works with County departments to accommodate applicants and employees with disabilities.
6. Coordinates outreach to minorities, women and persons with disabilities.
7. Staffs the County's EEO Commission, Women's Commission and Commission on Disabilities.

WHAT TO DO IF YOU BELIEVE YOU HAVE BEEN HARASSED OR DISCRIMINATED AGAINST

The County's procedures for the investigation and resolution of discrimination or harassment complaints are set forth in Personnel Regulations Section 192. The complaint process is designed to resolve complaints at the lowest administrative level. The written complaint procedure explains where to file a complaint, sets out response timelines and establishes an appeal mechanism if the complainant or the accused is dissatisfied with the investigation or findings. Employees may file complaints within their own departments, with the County EEO Office and/or with the Federal Equal Employment Opportunity Commission (EEOC) or the State Department of Fair Employment and Housing (DFEH) in lieu of or in addition to using the County's internal complaint process.

Appendix H

Provident Accident and Health Policy Benefits



PROVIDENT
Insuring America's Heroes Since 1928

January 1, 2012

Plans of insurance for the

Santa Cruz County Fire Department

Benefits apply to Volunteer Members, Auxiliary Members, Community Volunteers and Part-Time Employees who work less than 30 cumulative hours per week while performing an activity of the organization.

Section I: Death Benefits

- A. Covered Injury Death Benefit
- B. Covered Illness Death Benefit
- C. Optional HIV Positive Benefit
- D. Bereavement Benefit - Covered Injuries
Bereavement Benefit - Covered Illnesses
- E. Dependent Child Benefit (Per Child) - Covered Injury
Dependent Child Benefit (Per Child) - Covered Illness
- F. Seat Belt Benefit

Present Plan

- \$25,000
- \$25,000
- \$25,000
- \$2,500
Up to
- \$2,500
Up to
- \$10,000
- \$10,000
- \$6,250

Section II: Impairment Benefits

- A. Dismemberment Benefit*
- B. Vision Impairments Benefit*
- C. Cosmetic Disfigurement from Burns Benefit*
- D. Permanent Physical Impairment Benefit - Covered Injuries*
Permanent Physical Impairment Benefit - Covered Illnesses*
- E. Felonious Assault Benefit
- F. Impairment Modification Benefit

Present Plan

- Up to \$25,000
- Up to \$6,250
- Up to \$15,000

** Benefits payable are based on the percentage of impairment or loss as defined in the policy.*

Section III: Income Protection

- A. Maximum Weekly Total Disability Benefits**
 - i. Minimum Weekly Total Disability Benefit
 - ii. Earned Income Replacement Benefit**
- B. Partial Disability Benefit
- C. First Week Disability Benefit**
- D. Cost of Living Adjustments
- E. Transition Benefit
- F. Retraining Benefit

Present Plan

- Up to \$400
- \$100
- \$300
- Up to \$400
- Up to \$1,000
- Up to \$1,200
- Up to \$400
- Up to \$20,000

*** Benefits are payable in coordination with the Loss of Earnings Coverage as defined in the policy.*

Plans of insurance for the

Santa Cruz County Fire Department

Benefits apply to Volunteer Members, Auxiliary Members, Community Volunteers and Part-Time Employees who work less than 30 cumulative hours per week while performing an activity of the organization.

Section IV: Medical Expenses

A. Medical Expense Benefit - Injury****	Up to	Present Plan	
Medical Expense Benefit - Illness****	Up to	\$10,000	
B. Plastic Surgical Expense Benefit****	Up to	\$10,000	
<i>****We will not pay covered medical expenses incurred by an Insured Person that are paid or payable under any other Valid and Collectible Insurance, including Workers' Compensation.</i>			

Section V: Family Assistance

A. Weekly Hospital Confinement Benefit		Present Plan	\$210
B. Weekly Critical Care Benefit			\$420
C. Family Expense Benefit	Up to	\$20,000	
D. Rehabilitation Benefit	Up to	\$10,000	
E. Mental Stress Management Benefit	Up to	\$10,000	
F. Traumatic Incident Benefit	Up to	\$10,000	
G. Health Insurance Premium Benefit	Up to	\$10,000	

Section VI: Optional Auxiliary Person and/or Community Volunteer Coverage

A. Covered Injury - Death, Dismemberment, Loss of Sight, Speech or Hearing		Present Plan	Full Coverage
B. Weekly Total Disability Benefit	Up to	Full Coverage	
C. Weekly Hospital Confinement Benefit		Full Coverage	
D. Medical Expense Benefit	Up to	Full Coverage	
E. Special Illness Benefit		Full Coverage	

Section VII: Organized League Athletics Coverage

A. Covered Injury - Death, Dismemberment, Loss of Sight, Speech or Hearing		Present Plan	Not Included
B. Weekly Total Disability Benefit	Up to	Not Included	
C. Weekly Hospital Confinement Benefit		Not Included	
D. Medical Expense Benefit	Up to	Not Included	

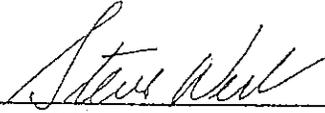
Appendix I

Safety Clothing Policy

CDF/SM-SC
OPERATIONS MANUAL

1700 SAFETY
1720 Protective Clothing
and Equipment

APPROVED BY:


Steve Wert, Unit Chief

RE-ISSUE DATE: 12-10-97

POLICY:

To ensure that all emergency response personnel are appropriately outfitted in protective clothing for specific types of emergency responses, the following procedures will apply. These procedures do not change but augment existing policies found in Section 1720 (Protective Clothing and Equipment) of the CDF Safety Handbook.

PROCEDURE:

The following protective clothing and equipment will be worn for the specific emergency incidents listed.

1. STRUCTURE FIRES

Protective clothing consisting of turnout pants, coats, boots, structure helmet with shield or goggles, nomex hood and gloves will be worn for all structure fire responses.

Structure fire response includes any fire, fire menace stand-by or smoke check within a structure.

Use of self contained breathing apparatus shall be required but not limited to the following situations:

Entering an oxygen deficient atmosphere.

Entering a burning building.

Entering a confined space.

Fighting a vehicle fire.

Working in hazardous smoke other than a wildfire (e.g. disposal/refuse dump area fire).

2. WILDLAND FIRE

Protective clothing worn on wildland fires shall be gloves, helmet with shroud, goggles, wildland safety boots and a nomex shirt/pant combination.

Wildland safety boots are to be a heavy duty (at least eight inches in height) lace toe work boot with deeply lugged soles and heels. The toe of the boot should be of hard material, such as hard leather, to reduce the potential of toe injuries. Steel toes are not required, but do give added protection.

CDF/County Fire requires the use of a 100 percent cotton tee shirt to be worn as added insulation to prevent serious burns during critical fire exposure. Volunteer Firefighters have the option of wearing a long, sleeve crewneck tee shirt under the nomex shirt. (As available, all Nomex shirts issued by CDF will have cotton lined sleeves.) It is recommended that other undergarments also be made of cotton.

When engaged in wildland fire suppression activities, all firefighters will be required to wear a fire shelter that is available for immediate use.

Supervisors may authorize the removal of the fire shelter only when they are absolutely certain there is no risk of danger during mop-up or overhaul conditions.

3. VEHICLE FIRES

Due to the potential intensity of a vehicle fire, the protective clothing worn on this type of incident will be the same as that listed under STRUCTURE FIRES (turnout pants, coat, boots, helmet with shield or goggles, nomex hood and gloves).

Use of self contained breathing apparatus will be mandatory.

4. HAZARDOUS MATERIAL INCIDENTS

Any response to a hazardous material incident will require the wearing of full protective clothing as listed under STRUCTURE FIRES (turnout pants, coat, boots, structure helmet with shield or goggles, nomex hood and gloves).

Use of self contained breathing apparatus will be mandatory while engaged in activities in the exclusion zone of the incident.

Note: Many hazardous materials require the use of specialized protective clothing. Personnel should limit their exposure to unknown material to all but essential actions until technical specialists can determine the specific hazards.

5. VEHICLE ACCIDENTS

Due to the variety of conditions that might result from a vehicle accident, the appropriate protective clothing will be the same as listed under STRUCTURE FIRES (turnout pants, coat, boots, structure helmet with shield or goggles, nomex hood and gloves).

The incident commander may reduce the level of protective clothing depending upon incident conditions. In no case will the level of protective clothing be less than wildland protective clothing minus the fire shelter.

6. RESCUE

Rescue calls such as "over the side", cliff rescues, carry outs or where there is no threat of fire, will require the minimum protective clothing of nomex shirt, helmet with goggles, gloves, and boots (eight inches or higher).

7. EMERGENCY MEDICAL RESPONSE (EMS)

Personal protective equipment, as described in the ranger unit Infectious Disease Policy, shall be worn on EMS incidents, such as residential medical aid calls, where other protective equipment is not necessary.

In addition to the above, all personnel shall be dressed in such a manner to provide professional identification as a member of the CDF/County Fire Department.

8. ALL OTHER EMERGENCY INCIDENTS NOT LISTED

Appropriate protective clothing and equipment shall be worn as deemed necessary to protect the firefighter.

DONNING PROTECTIVE CLOTHING

Personnel responding on emergency apparatus will don protective clothing prior to leaving their stations. Under no circumstances will protective clothing be put on enroute to an emergency.

When arriving at an emergency incident from another incident or when the type of incident dispatched to does not match the circumstances present on arrival, appropriate changes in safety clothing will be made prior to commencing work.

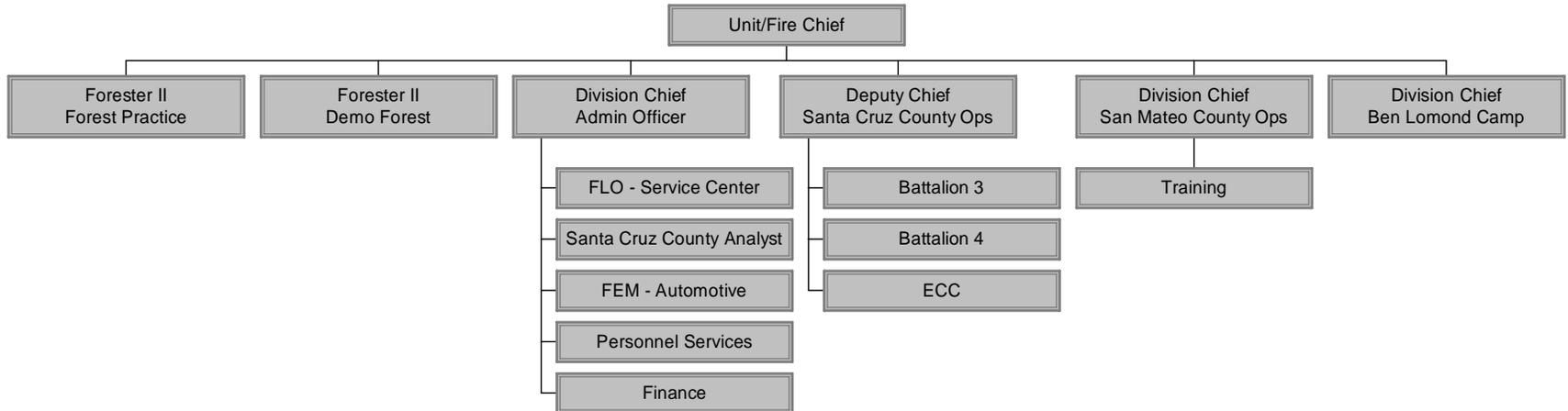
Appendix J

County Fire Organizational Chart

CDF/COUNTY FIRE

San Mateo & Santa Cruz Unit

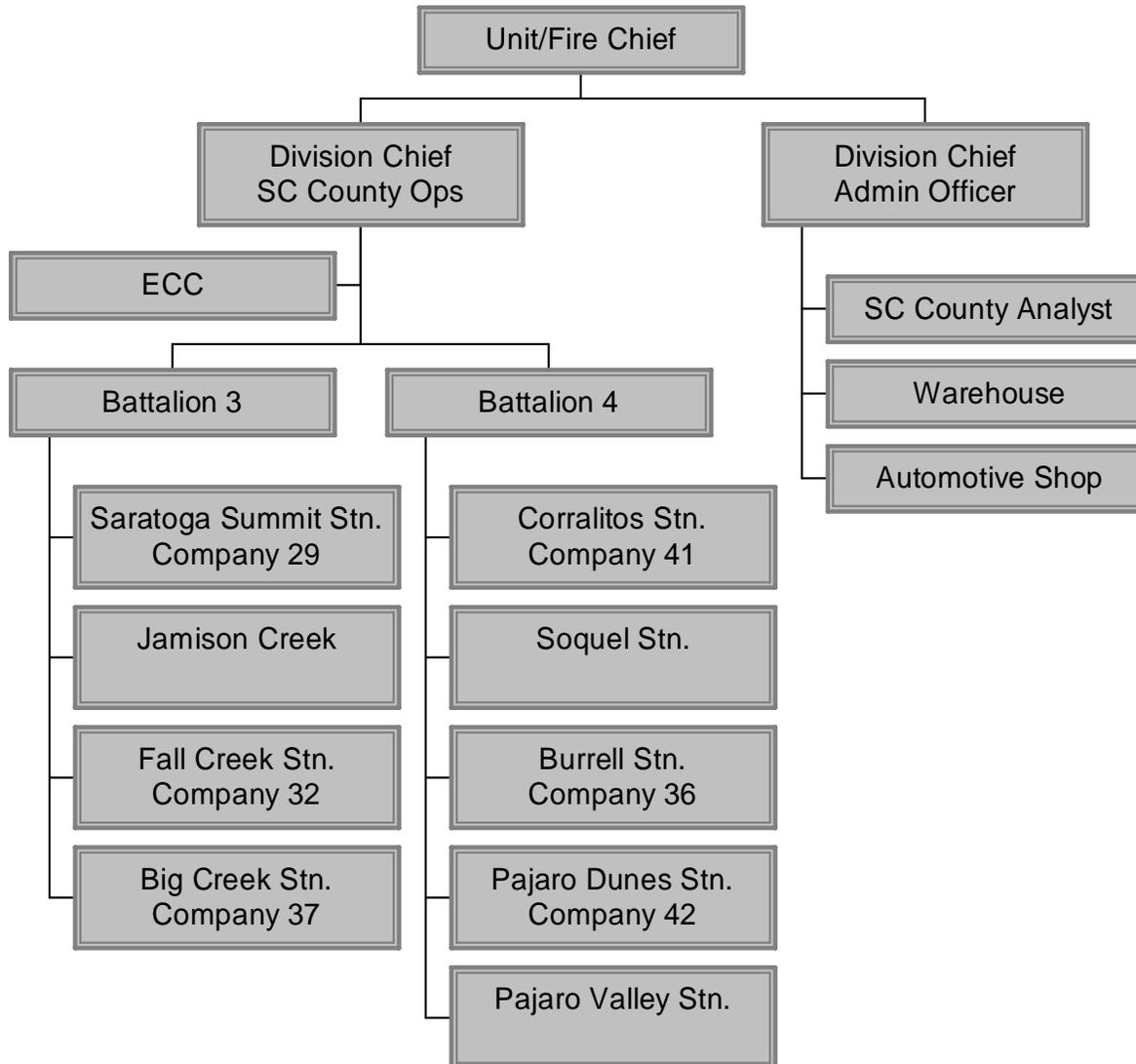
Chain of Command



CDF/COUNTY FIRE

San Mateo & Santa Cruz Unit

Chain of Command



Appendix K

Description for Adverse Action
1092.2

CAUSES FOR ADVERSE ACTIONS AND DEFINITIONS OF CAUSES

1092.2

(No. 20 October 1990)

The causes for adverse action are based on Government Code section 19572 and 19573. Under 19572, the following causes for discipline are listed:

- (a) Fraud in securing appointment is used when employees falsify information about their education, experience, or health to so great a degree that they would not have qualified for the position. This can also be used when an employee omitted an extensive criminal record with recent serious convictions. This cause is used to cover cheating in examinations or otherwise using illegal help to obtain employment.
- (b) Incompetency is used only when the employee cannot, in the opinion of his/her supervisors, satisfactorily perform the work required of the position.
- (c) Inefficiency is used in the case of the employee who appears to have the necessary ability, but for some reason does not produce in a satisfactory manner or does not see that the work is done. This is frequently used with other causes when it is believed that the inefficiency is related to other failures.
- (d) Inexcusable neglect of duty is used when an employee fails to follow well-known and accepted procedures for the work, is careless, and/or fails to do the work properly or safely.
- (e) Insubordination is used when an employee has shown an outspoken or mutinous attitude toward those in charge or has shown a flaunting disregard of the authority of a supervisor.
- (f) Dishonesty is used for any false information on a sick leave request, expense account, or other official document, and for misappropriation or theft of state property or funds. Collection or reimbursement from the employee for loss of funds should be referred to the Accounting Office.
- (g) Drunkenness on duty is used when there is intoxication on duty but not drinking on duty. An employee who takes drinks during working hours but does not get drunk is normally not charged under this particular cause. In the case of drinking on duty, it may be proper to use (c), (d), (h), or (t).
- (h) Intemperance is used in cases of continued or excessive drinking or use of narcotics. It also applies to angry outbursts, violent actions, or other acts showing lack of moderation.

- (i) Addiction to the use of narcotics or habit-forming drugs--the word "addiction" implies the continued use of drugs or the compulsion to use them.
- (j) Inexcusable absence without leave is used for tardiness (when an employee is docked), for unapproved sick leave or vacation, or for absence from the work area. An absence of five consecutive working days is covered in the Supervisor's Guide ([Section 1091.6.4](#)) under AWOL separations.
- (k) Conviction of a felony or conviction of a misdemeanor involving moral turpitude--the phrase "involving moral turpitude" involves an element of baseness or dishonesty that could cause other persons to hold the person in disrespect. Stealing (whether the conviction is petty theft or grand theft), embezzlement, sexual crimes, use and possession of narcotics and drugs, etc., would involve moral turpitude.
- (l) Immorality--it has never been clearly established whether this particular cause must be connected with immorality at work or not. Unless the immorality comes within one of the other causes, it is better not to base the adverse action on this charge.
- (m) Discourteous treatment of the public or other employees is used to support actions against employees who are rude, abusive, or take violent action against their supervisors or fellow employees or who fail to give the public proper service. It is frequently used with cause (t).
- (n) Improper political activity (and other incompatible activities) is based on Government Code section 19990. Further restrictions are found in the Incompatible Activities Statement. A violation under this cause would also be under cause (r).
- (o) Willful disobedience includes any intentional violation of instructions, orders, rules, or regulations.
- (p) Misuse of state property applies to any case where an employee uses or takes state equipment or property without authorization, damages or loses it through lack of care, uses it for personal business, or demonstrates lack of good judgment in its use. For any of these or other reasons involving misuse of state property when cited as a cause for adverse action, refer to Department of Personnel Administration Rules 599.802 - 599.809 (state-owned vehicles) which defines misuse and describes appropriate action to be taken (including collection for damage).

- (q) Violation of this part or board rule is used if there is a specific section which has been violated in the Civil Service Act (Government Code, Title 2, Division 5, Chapters I- II). State Personnel Board Rule 172 is a "catch-all" and should not be used if there are sufficient other specific causes which apply. It is primarily used for failure to meet conditions of employment (such as license requirements).
- (r) Violation of the prohibitions set forth in accordance with Section 19990--all incompatible activity falls within this cause.
- (s) Refusal to take and subscribe any oath or affirmation which is required by law in connection with the person's employment.
- (t) Other failure of good behavior either during or outside of duty hours which is of such a nature that it causes discredit to the employee's agency or employment.
- (u) Any negligence, recklessness, or intentional act which results in the death of a patient of a state hospital serving the mentally disabled or the developmentally disabled--not applicable to CAL FIRE.
- (v) The use during duty hours, for training or target practice, of any material which is not authorized therefore by the appointing power--usually not applicable to CAL FIRE.

Appendix L

AB 220

Assembly Bill No. 220

CHAPTER 591

An act to add Chapter 9.6 (commencing with Section 3250) to Division 4 of Title 1 of the Government Code, relating to firefighters.

[Approved by Governor October 13, 2007. Filed with
Secretary of State October 13, 2007.]

LEGISLATIVE COUNSEL'S DIGEST

AB 220, Bass. Firefighters.

The Public Safety Officers Procedural Bill of Rights Act prescribes various rights of public safety officers, as defined, with regard to representation, discrimination, discipline, and interrogation, as specified.

This bill would enact the Firefighters Procedural Bill of Rights Act to prescribe various rights of firefighters, defined as any firefighter employed by a public agency, including a firefighter who is a paramedic or emergency medical technician, with specified exceptions. The bill would prescribe rights related to, among others, political activity, interrogation, punitive action, and administrative appeals, with specified requirements imposed upon the employing agency and the imposition of a civil penalty for a violation thereof. The bill would also specify that reimbursement of funds by the state shall be limited to the actual costs associated with the act, as specified.

By adding to the duties of local agencies to comply with that act, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

(a) Firefighters are often called upon to render aid in hostile emergency situations rife with conflict and confrontation.

(b) In providing lifesaving services to the public, firefighters are subject to numerous job safety procedures and protocols, which sometimes are compromised or altered, in a highly charged atmosphere of critical incident stressors.

(c) Firefighters who trust their instincts in these volatile emergency situations are deserving of due process rights and protections should those circumstances arise.

(d) Mutual aid and automatic aid agreements entered into between fire agencies throughout the state require firefighters to respond to emergencies across political boundaries, therefore, the rights and protections provided to firefighters under this act constitute a matter of statewide concern.

(e) The effective protection of property and the safety of the public depends upon the maintenance of reasonable and consistent procedural protections applicable to all employers with respect to the disciplinary process.

(f) It is necessary that this act be applicable to all firefighters, as defined in subdivision (a) of Section 3251 of the Government Code, wherever situated within the State of California, in order to ensure that stable employment relations are continued throughout the state, and to further ensure that effective services are provided to all people of the state.

SEC. 2. Chapter 9.6 (commencing with Section 3250) is added to Division 4 of Title 1 of the Government Code, to read:

CHAPTER 9.6. FIREFIGHTERS

3250. This chapter shall be known, and may be cited, as the Firefighters Procedural Bill of Rights Act.

3251. For purposes of this chapter, the following definitions apply:

(a) "Firefighter" means any firefighter employed by a public agency, including, but not limited to, any firefighter who is a paramedic or emergency medical technician, irrespective of rank. However, "firefighter" does not include an inmate of a state or local correctional agency who performs firefighting or related duties or persons who are subject to Chapter 9.7 (commencing with Section 3300). This chapter does not apply to any employee who has not successfully completed the probationary period established by his or her employer as a condition of employment.

(b) "Public agency" has the meaning given that term by Section 53101.

(c) "Punitive action" means any action that may lead to dismissal, demotion, suspension, reduction in salary, written reprimand, or transfer for purposes of punishment.

3252. (a) Except as otherwise provided in Chapter 9.5 (commencing with Section 3201), or whenever on duty or in uniform, no firefighter shall be prohibited from engaging, or be coerced or required to engage, in political activity.

(b) A firefighter shall not be prohibited from seeking election to, or serving as a member of, the governing board of a school district, or any local agency where the firefighter is not employed, including, but not limited to, any city, county, city and county, or special district, or political subdivision thereof.

3253. When any firefighter is under investigation and subjected to interrogation by his or her commanding officer, or any other member designated by the employing department or licensing or certifying agency, that could lead to punitive action, the interrogation shall be conducted under the following conditions:

(a) The interrogation shall be conducted at a reasonable hour, at a time when the firefighter is on duty, unless an imminent threat to the safety of the public requires otherwise. If the interrogation does occur during off-duty time of the firefighter being interrogated, the firefighter shall be compensated for any off-duty time in accordance with regular department procedures. The firefighter's compensation shall not be reduced as a result of any work missed while being interrogated.

(b) The firefighter under investigation shall be informed, prior to the interrogation, of the rank, name, and command of the officer or other person in charge of the interrogation, the interrogating officer, and all other persons to be present during the interrogation. All questions directed to the firefighter under interrogation shall be asked by and through no more than two interrogators at one time.

(c) The firefighter under investigation shall be informed of the nature of the investigation prior to any interrogation.

(d) The interrogating session shall be for a reasonable period taking into consideration the gravity and complexity of the issue being investigated. The person under interrogation shall be allowed reasonable breaks to attend to his or her own personal physical necessities.

(e) (1) The firefighter under interrogation shall not be subjected to offensive language or threatened with punitive action. A promise of reward shall not be made as an inducement to answering any question. The employer shall provide to, and obtain from, an employee a formal grant of immunity from criminal prosecution, in writing, before the employee may be compelled to respond to incriminating questions in an interrogation. Subject to that grant of immunity, a firefighter refusing to respond to questions or submit to interrogations shall be informed that the failure to answer questions directly related to the investigation or interrogation may result in punitive action.

(2) The employer shall not cause the firefighter under interrogation to be subjected to visits by the press or news media without his or her express written consent free of duress, and the firefighter's photograph, home address, telephone number, or other contact information shall not be given to the press or news media without his or her express written consent.

(f) A statement made during interrogation by a firefighter under duress, coercion, or threat of punitive action shall not be admissible in any subsequent judicial proceeding, subject to the following qualifications:

(1) This subdivision shall not limit the use of statements otherwise made by a firefighter when the employing fire department is seeking civil service sanctions against any firefighter, including disciplinary action brought under Section 19572.

(2) This subdivision shall not prevent the admissibility of statements otherwise made by the firefighter under interrogation in any civil action, including administrative actions, brought by that firefighter, or that firefighter's exclusive representative, arising out of a disciplinary action.

(g) The complete interrogation of a firefighter may be recorded. If a recording is made of the interrogation, the firefighter shall have access to the recording if any further proceedings are contemplated or prior to any further interrogation at a subsequent time. The firefighter shall be entitled to a transcribed copy of any notes made by a stenographer or to any reports or complaints made by investigators or other persons, except those portions that are otherwise required by law to be kept confidential. Notes or reports that are deemed to be confidential shall not be entered in the firefighter's personnel file. The firefighter being interrogated shall have the right to bring his or her own recording device and record any and all aspects of the interrogation.

(h) If, prior to or during the interrogation of a firefighter, it is contemplated that he or she may be charged with a criminal offense, he or she shall be immediately informed of his or her constitutional rights.

(i) Upon the filing of a formal written statement of charges, or whenever an interrogation focuses on matters that may result in punitive action against any firefighter, that firefighter, at his or her request, shall have the right to be represented by a representative of his or her choice who may be present at all times during the interrogation. The representative shall not be a person subject to the same investigation. The representative shall not be required to disclose, or be subject to any punitive action for refusing to disclose, any information received from the firefighter under investigation for noncriminal matters.

This section shall not be construed to apply to counseling, instruction, or informal verbal admonishment by, or other routine or unplanned contact with, a supervisor or any other firefighter.

(j) A firefighter shall not be loaned or temporarily reassigned to a location or duty assignment if a firefighter in his or her department would not normally be sent to that location or would not normally be given that duty assignment under similar circumstances.

3254. (a) A firefighter shall not be subjected to punitive action, or denied promotion, or be threatened with that treatment, because of the lawful exercise of the rights granted under this chapter, or the exercise of any rights under any existing administrative grievance procedure.

(b) Punitive action or denial of promotion on grounds other than merit shall not be undertaken by any employing department or licensing or certifying agency against any firefighter who has successfully completed the probationary period without providing the firefighter with an opportunity for administrative appeal.

(c) A fire chief shall not be removed by a public agency or appointing authority without providing that person with written notice, the reason or reasons for removal, and an opportunity for administrative appeal.

For purposes of this subdivision, the removal of a fire chief by a public agency or appointing authority, for the purpose of implementing the goals or policies, or both, of the public agency or appointing authority, or for reasons including, but not limited to, incompatibility of management styles or as a result of a change in administration, shall be sufficient to constitute “reason or reasons.”

Nothing in this subdivision shall be construed to create a property interest, if one does not otherwise exist by rule or law, in the job of fire chief.

(d) Punitive action or denial of promotion on grounds other than merit shall not be undertaken for any act, omission, or other allegation of misconduct if the investigation of the allegation is not completed within one year of discovery by the employing fire department or licensing or certifying agency. This one-year limitation period shall apply only if the discovery of the act, omission, or other misconduct occurred on or after January 1, 2008. If the employing department or licensing or certifying agency determines that discipline may be taken, it shall complete its investigation and notify the firefighter of its proposed disciplinary action within that year, except in any of the following circumstances:

(1) If the firefighter voluntarily waives the one-year time period in writing, the time period shall be tolled for the period of time specified in the written waiver.

(2) If the act, omission, or other allegation of misconduct is also the subject of a criminal investigation or criminal prosecution, the time during which the criminal investigation or criminal prosecution is pending shall toll the one-year time period.

(3) If the investigation is a multijurisdictional investigation that requires a reasonable extension for coordination of the involved agencies.

(4) If the investigation involves an employee who is incapacitated or otherwise unavailable.

(5) If the investigation involves a matter in civil litigation where the firefighter is named as a party defendant, the one-year time period shall be tolled while that civil action is pending.

(6) If the investigation involves a matter in criminal litigation in which the complainant is a criminal defendant, the one-year time period shall be tolled during the period of that defendant’s criminal investigation and prosecution.

(7) If the investigation involves an allegation of workers’ compensation fraud on the part of the firefighter.

(e) If a predisciplinary response or grievance procedure is required or utilized, the time for that response or procedure shall not be governed or limited by this chapter.

(f) If, after investigation and any predisciplinary response or procedure, the employing department or licensing or certifying agency decides to impose discipline, that agency shall notify the firefighter in writing of its decision to impose discipline within 30 days of its decision, but not less than 48 hours prior to imposing the discipline.

(g) Notwithstanding the one-year time period specified in subdivision (d), an investigation may be reopened against a firefighter if both of the following circumstances exist:

(1) Significant new evidence has been discovered that is likely to affect the outcome of the investigation.

(2) One of the following conditions exists:

(A) The evidence could not reasonably have been discovered in the normal course of investigation without resorting to extraordinary measures by the agency.

(B) The evidence resulted from the firefighter's predisciplinary response or procedure.

3254.5. An administrative appeal instituted by a firefighter under this chapter shall be conducted in conformance with rules and procedures adopted by the employing department or licensing or certifying agency that are in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2.

3255. A firefighter shall not have any comment adverse to his or her interest entered in his or her personnel file, or any other file used for any personnel purposes by his or her employer, without the firefighter having first read and signed the instrument containing the adverse comment indicating he or she is aware of the comment. However, the entry may be made if after reading the instrument the firefighter refuses to sign it. That fact shall be noted on that document, and signed or initialed by the firefighter.

3256. A firefighter shall have 30 days within which to file a written response to any adverse comment entered in his or her personnel file. The written response shall be attached to, and shall accompany, the adverse comment.

3256.5. (a) Every employer shall, at reasonable times and at reasonable intervals, upon the request of a firefighter, during usual business hours, with no loss of compensation to the firefighter, permit that firefighter to inspect personnel files that are used or have been used to determine that firefighter's qualifications for employment, promotion, additional compensation, or termination or other disciplinary action.

(b) Each employer shall keep each firefighter's personnel file or a true and correct copy thereof, and shall make the file or copy thereof available within a reasonable period of time after a request therefor by the firefighter.

(c) If, after examination of the firefighter's personnel file, the firefighter believes that any portion of the material is mistakenly or unlawfully placed in the file, the firefighter may request, in writing, that the mistaken or unlawful portion be corrected or deleted. Any request made pursuant to this subdivision shall include a statement by the firefighter describing the corrections or deletions from the personnel file requested and the reasons supporting those corrections or deletions. A statement submitted pursuant to this subdivision shall become part of the personnel file of the firefighter.

(d) Within 30 calendar days of receipt of a request made pursuant to subdivision (c), the employer shall either grant the firefighter's request or notify the officer of the decision to refuse to grant the request. If the

employer refuses to grant the request, in whole or in part, the employer shall state in writing the reasons for refusing the request, and that written statement shall become part of the personnel file of the firefighter.

3257. (a) A firefighter shall not be compelled to submit to a lie detector test against his or her will.

(1) Disciplinary action or other recrimination shall not be taken against a firefighter refusing to submit to a lie detector test.

(2) No comment shall be entered anywhere in the investigator's notes or anywhere else that the firefighter refused to take, or did not take, a lie detector test.

(3) Testimony or evidence to the effect that the firefighter refused to take, or was subjected to, a lie detector test shall not be admissible at a subsequent hearing, trial, or proceeding, judicial or administrative.

(b) For the purpose of this section, "lie detector" means a polygraph, deceptograph, voice stress analyzer, psychological stress evaluator, or any other similar device, whether mechanical or electrical, that is used, or the results of which are used, for the purpose of rendering a diagnostic opinion regarding the honesty or dishonesty of an individual.

3258. A firefighter shall not be required or requested for purposes of job assignment or other personnel action to disclose any item of his or her property, income, assets, source of income, debts, or personal or domestic expenditures, including those of any member of his or her family or household, unless that information is otherwise required to be furnished under state law or obtained pursuant to court order.

3259. A firefighter shall not have his or her locker or other space for storage that may be assigned to him or her searched except in his or her presence, or with his or her consent, or unless a valid search warrant has been obtained or unless he or she has been notified that a search will be conducted. This section shall apply only to lockers or other space for storage that are owned or leased by the employing department or licensing or certifying agency.

3260. (a) It shall be unlawful for any employing department or licensing or certifying agency to deny or refuse to any firefighter the rights and protections guaranteed by this chapter.

(b) The superior court shall have initial jurisdiction over any proceeding brought by any firefighter against any employing department or licensing or certifying agency for alleged violations of this chapter.

(c) (1) If the superior court finds that the employing department or licensing or certifying agency has violated any of the provisions of this chapter, the court shall render appropriate injunctive or other extraordinary relief to remedy the violation and to prevent future violations of a like or similar nature, including, but not limited to, the granting of a temporary restraining order or preliminary or permanent injunction prohibiting the employing department or licensing or certifying agency from taking any punitive action against the firefighter.

(2) If the court finds that a bad faith or frivolous action or a filing for an improper purpose has been brought pursuant to this chapter, the court may

order sanctions against the party filing the action, the party's attorney, or both, pursuant to Sections 128.6 and 128.7 of the Code of Civil Procedure. Those sanctions may include, but not be limited to, reasonable expenses, including attorney's fees, incurred by a fire department as the court deems appropriate. Nothing in this paragraph is intended to subject actions or filings under this section to rules or standards that are different from those applicable to other civil actions or filings subject to Section 128.6 or 128.7 of the Code of Civil Procedure.

(d) In addition to the extraordinary relief afforded by this chapter, upon a finding by a superior court that a fire department, its employees, agents, or assigns, with respect to acts taken within the scope of employment, maliciously violated any provision of this chapter with the intent to injure the firefighter, the fire department shall, for each and every violation, be liable for a civil penalty not to exceed twenty-five thousand dollars (\$25,000) to be awarded to the firefighter whose right or protection was denied and for reasonable attorney's fees as may be determined by the court. If the court so finds, and there is sufficient evidence to establish actual damages suffered by the firefighter whose right or protection was denied, the fire department shall also be liable for the amount of the actual damages. Notwithstanding these provisions, a fire department may not be required to indemnify a contractor for the contractor's liability pursuant to this subdivision if there is, within the contract between the fire department and the contractor, a "hold harmless" or similar provision that protects the fire department from liability for the actions of the contractor. An individual shall not be liable for any act for which a fire department is liable under this section.

3261. Nothing in this chapter shall in any way be construed to limit the ability of any employing department, licensing or certifying agency, or any firefighter to fulfill mutual aid agreements with other jurisdictions or agencies, and this chapter shall not be construed in any way to limit any jurisdictional or interagency cooperation under any circumstances where that activity is deemed necessary or desirable by the jurisdictions or agencies involved.

3262. The rights and protections described in this chapter shall only apply to a firefighter during events and circumstances involving the performance of his or her official duties.

SEC. 3. Any subvention of funds to reimburse a local agency or a school district for the costs mandated by the state pursuant to Chapter 9.6 (commencing with Section 3250) of Division 4 of Title 1 of the Government Code shall be limited to the actual costs directly associated with the new program or higher level of service required by this chapter. A local agency or school district may not be reimbursed for the costs of existing, similar protections and procedures required for investigations and interrogations of firefighters pursuant to regulation, rule, or ordinance of the local agency or school district, or pursuant to a memorandum of understanding between the local agency or school district and a recognized employee organization.

SEC. 4. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

Appendix M

Unusual Incident Report

UNUSUAL INCIDENT REPORT

SAN MATEO-SANTA CRUZ UNIT

AMBULANCE:_____	FIRE:_____
LE:_____	OTHER:_____
SMCO:_____	SCCO:_____

DATE: _____ TIME: _____ INCIDENT# _____
COUNTY DISPATCHER (IF KNOWN) _____

TAPE NUMBER: _____

NATURE OF CALL:

SYNOPSIS AND DETAILS:

Name _____

ACTION TAKEN / SUPERVISOR COMMENTS:

MANAGEMENT USE ONLY:

DUTY CHIEF ACTION: _____

Appendix N

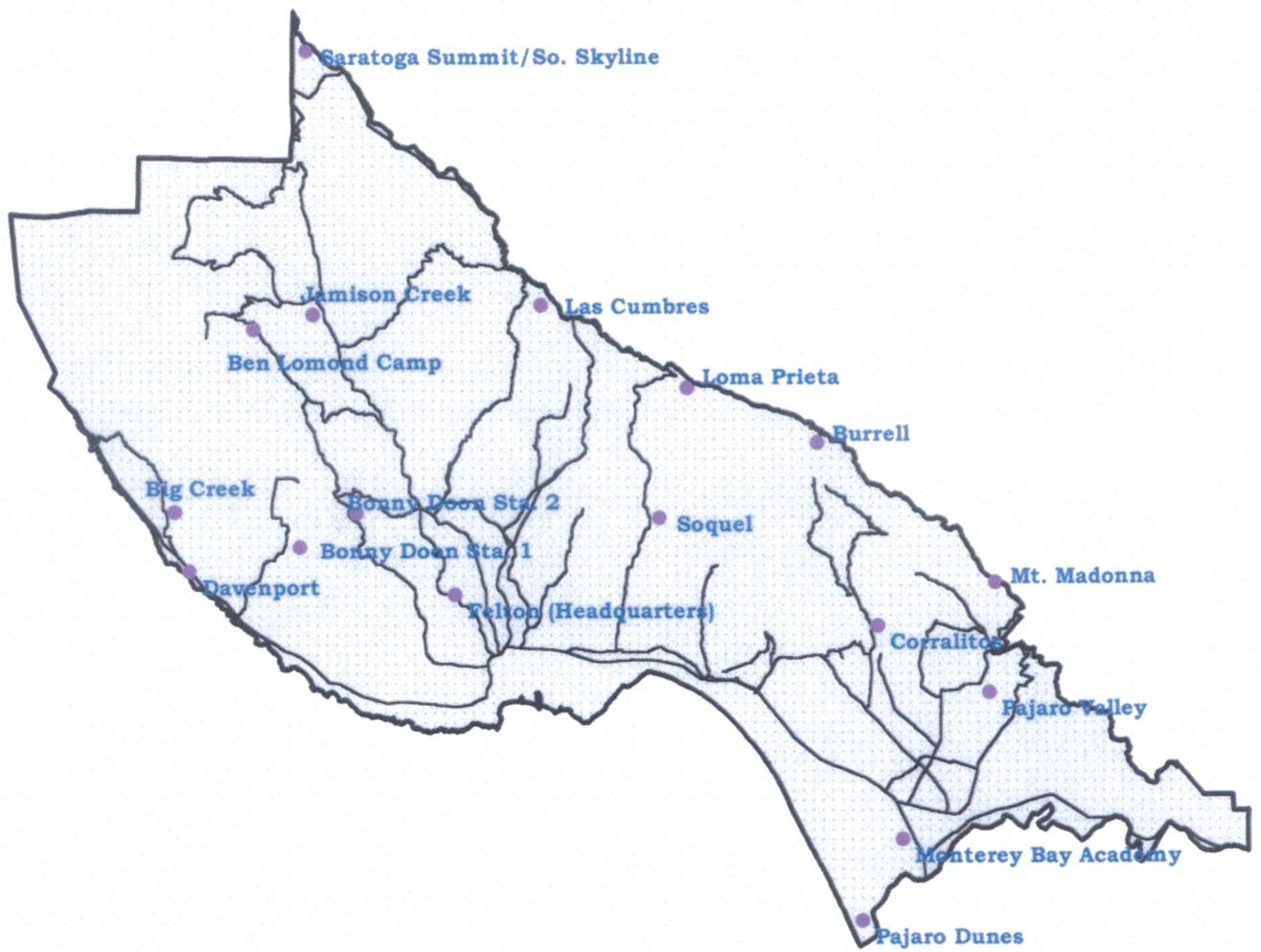
County Fire Stations Map

CDF/COUNTY FIRE STATIONS



MAP KEY:

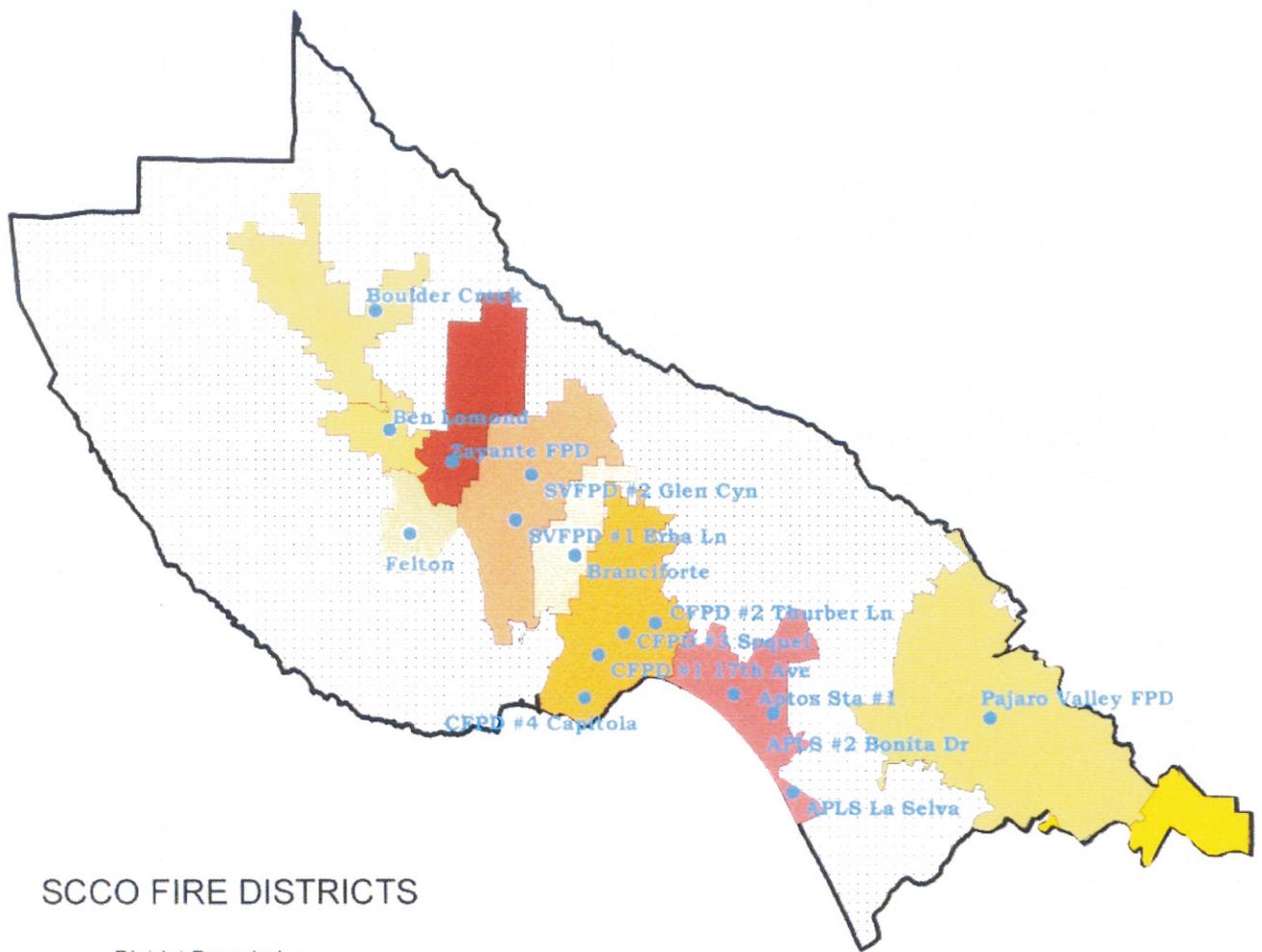
-  CDF Staffed Facility
-  Santa Cruz County Stations
-  Pajaro Valley Station
-  CDF Facility/Winter Amador Contract



Appendix O

Fire Agencies Map

SANTA CRUZ COUNTY FIRE PROTECTION DISTRICTS



SCCO FIRE DISTRICTS

- District Boundaries
- APLS-FPD
 - AROMAS-FPD
 - BC-FPD
 - BEN-FPD
 - BRANC-FPD
 - CENTRAL-FPD
 - FELT-FPD
 - PAJARO-FPD
 - SV-FPD
 - ZAYANTE-FPD



Appendix P

Training Forms:
TR-7 & IIPP-6

Memorandum

TO: SM/SC UNIT PERSONNEL

DATE: December 28, 2011

FROM: CZU TRAINING

SUBJECT: TR-7 APPROVAL AND TRAVEL EXPENSE

This is a reminder to all personnel to have all TR-7s completed and approved prior to class registration. Approval must be granted from your immediate supervisor, Battalion Chief, and then Training. Electronic TR-7s are available on the CAL FIRE Intranet, or you may contact CZU Training. The approval process is as follows:

1. Approval of your Immediate Supervisor in charge of the budget and/or scheduling for your function in the unit.
2. Immediate Supervisor forwards approved TR-7 to Battalion Chief for approval.
3. Battalion Chief forwards approved TR-7 to Training.
4. Training Officer will approve TR-7 based on budget and training availability.
5. Training Office Assistant will inform the Employee or Volunteer of approval status by:
 - Email notification of approval status or mail hard copy of TR-7 with approval to Employee's or Volunteer's home address.
 - Email copy of approved TR-7 to appropriate Battalion Chief, Station and/or Immediate Supervisor, and Employee/Volunteer if that email address is available.
6. Any incomplete or illegible TR-7s received by the Training Office will be either returned or denied.
7. The form is self-explanatory, however, some additional information is needed:
 - Civil Service Classification Box
 - *Career Personnel: Rank or Classification*
 - *Volunteer Firefighter: VFF*
 - *Paid Call Firefighter: PCF*
 - Title and Sponsor of Training. Please include the complete title, sponsor, date, and location of course to be taken.
 - Any known expense to be incurred such as:
 - Registration
 - Tuition/Books
 - Lodging
8. All personnel may submit a TR-7 electronically for CAL FIRE Sponsored Training.
9. For Non-CAL FIRE Sponsored training, the following is required for reimbursement:
 - TR-7 with ALL necessary signatures.
 - Travel Expense claim filled out correctly and completely.
 - All receipts.
 - Copy of course certificate

Your cooperation will allow us to balance class size, operate within budget constraints, and distribute training in an equitable manner. Any questions should be directed to CZU Training.

Jed Wilson

Battalion Chief

CZU Training (831) 335- 6745

STATE OF CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION CDF TRAINING REQUEST TR-7 (1/01)	This form must be completed for non-CDF training, which requires State time, registration, or Tuition fees. It can also be used for CDF training per Unit policy.
---	--

PART A EMPLOYEE TO COMPLETE

NAME:	CIVIL SERVICE CLASSIFICATION:	DATE:	
WORK ADDRESS:	UNIT:	PHONE NUMBER:	
INTERNET EMAIL ADDRESS:	CITY:	ZIP CODE:	
TRAINING PROVIDER:	DISABILITY ACCOMMODATION ? <input type="checkbox"/>	FAX NUMBER:	
COURSE TITLE:	LOCATION OF TRAINING:		
TRAINING DATES REQUESTED:	CHECK HERE TO ENROLL IN NEXT AVAILABLE CLASS []		
TRAINING COSTS:	AMOUNT	<input type="checkbox"/> No cost for travel <input type="checkbox"/> No cost for training	
TRAVEL AND PER DIEM	0		
TUITION AND BOOKS	0		
TOTAL COST	0		
TRAINING HOURS:	EMPLOYEE TIME:	STATE TIME:	TOTAL TIME:
REASON FOR TRAINING:			

PART B SUPERVISOR TO COMPLETE

THE TRAINING CATEGORY AND REIMBURSEMENT LEVEL ARE (CHECK ONE)

<input type="checkbox"/> JOB-REQUIRED	"Job-required training is designed to assure adequate performance in a current assignment. This includes orientation training, training made necessary by new assignments or new technology, refresher training for maintenance of ongoing programs, safety training, and training mandated by law or other State authority." (CA Code of Regulations 599.819) Job-required training is provided 100% reimbursement for tuition and other necessary expenses, including the allocation of time with pay.
<input type="checkbox"/> JOB RELATED	"Job-related training is designed to increase job proficiency or improve performance above the acceptable level of competency established for a specific job assignment." (CA Code of Regulations 599.819) " Full reimbursement may be provided for Job-Related tuition and other necessary expenses, including the allocation of time."
<input type="checkbox"/> UPWARD MOBILITY	"Upward mobility training is designed to provide career movement opportunity for employees within classifications designated as upward mobility..." (CA Code of Regulations 599.819). These include clerical, supervisory clerical, semiskilled, crafts and trades, supervisory crafts and trades, custodial, supervisory custodial, and laborer classifications. See "Career-Related" training for reimbursement level.
<input type="checkbox"/> CAREER-RELATED	"Career-related training is designed to assist in the development of career potential and is intended to help provide an opportunity for self-development while also assisting in the achievement of a department's or the State's mission. Career-related training may be unrelated to a current job assignment." (CA Code of Regulations 599.819) Upward mobility and career-related training are provided 50% reimbursement for tuition and books up to a maximum of \$500 per fiscal year (to exceed this amount requires the approval of the appropriate deputy director/region chief or designee). Reimbursement for travel and per diem is not allowed. Reimbursement for such training may be made only if the employee has successfully completed all course requirements as specified by the training provider. Employees may be granted a maximum of three hours of State time per week for college courses. For other short-term courses, time away from work is at the discretion of the supervisor. Upward mobility and career-related training reimbursements are now taxable (State Controller's Payroll Letter 92-07). To receive reimbursement for career-related non-State sponsored training, the employee must be a permanent employee and have completed an Individual Development Plan.

If the reimbursement listed above is in conflict with a memorandum of understanding (MOU), the MOU shall be controlling. (Government Code 19995)

<input type="checkbox"/> APPROVAL RECOMMENDED	<input type="checkbox"/> APPROVAL NOT RECOMMENDED
---	---

SUPERVISOR'S SIGNATURE:	TITLE:	PHONE NUMBER:	DATE:
-------------------------	--------	---------------	-------

PART C TRAINING BUDGET MANAGER TO COMPLETE

<input type="checkbox"/> APPROVED by Budget Manager		<input type="checkbox"/> DISAPPROVED by Budget Manager	
FY	INDEX	OBJECT	PCA
AUTHORIZED SIGNATURE:		TITLE:	DATE:

PART D EMPLOYEE TO COMPLETE AFTER TRAINING

ACTUAL EXPENSES	TO BE PAID BY EMPLOYEE	TO BE PAID BY STATE	TOTALS
TRAVEL AND PER DIEM			
TUITION AND BOOKS			

Was this a distance learning type of training? Yes <input type="checkbox"/> No <input type="checkbox"/> (i.e. self study, video, book, satellite, video conferencing, Computer Based Training, on-line training, correspondence course)	Was the training identified on your Individual Development Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the training a special project assignment designed specifically for you? Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--	--

Would you recommend this training to others? Yes <input type="checkbox"/> No <input type="checkbox"/> Why?	How was the training beneficial? (to you and to CDF)
---	--

SIGNATURE OF EMPLOYEE:	FINAL GRADE RECEIVED <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> INCOMPLETE	DATE:
------------------------	---	-------

Upon completion, attach a copy of TR-7 to Travel Expense Claim and submit copy to Training Officer and/or Finance Specialist, as dictated by local policy. For additional information, refer to the Training Procedures Handbook.

PART E TRAINING OFFICER TO COMPLETE

NAME OF TRAINING OFFICER:	DATE POSTED TO TRAINING RECORD:
---------------------------	---------------------------------

For state sponsored training, employee is to contact their training officer to register, otherwise the employee is responsible for registration with the training provider as well as travel or lodging arrangements.

If the employee does not attend or complete the course, they must notify their supervisor, the manager controlling the training budget expenditures, and the training officer immediately.

Instructor(s): _____

Location: _____

Date: _____ Total Hours of Instruction: _____

Topic (s): _____

Methodology: [\(Video,Lecture,PowerPoint,Skills Application...\)](#)

Attendees: Please print and sign your name legibly. Use additional sheet if necessary.

	Print Name	Signature	Unit or Station
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____
7)	_____	_____	_____
8)	_____	_____	_____
9)	_____	_____	_____
10)	_____	_____	_____
11)	_____	_____	_____
12)	_____	_____	_____
13)	_____	_____	_____
14)	_____	_____	_____
15)	_____	_____	_____
16)	_____	_____	_____
17)	_____	_____	_____
18)	_____	_____	_____
19)	_____	_____	_____
20)	_____	_____	_____

Appendix Q

County Fire Training Course Catalog

CZU COURSES

THIS IS AN OVERVIEW OF ALL THE CLASSES THAT CZU TRAINING CAN DELIVER, HOWEVER, THEY ARE NOT ALL NECESSARILY SCHEDULED FOR THE CURRENT YEAR.

AUTO EXTRICATION FSTEP

This course provides students with hands-on experience in the procedures and systems utilized during an automobile extrication. Subject covered include auto extrication, types of hand and power tools, removing windows, opening doors, removing roofs, pulling steering wheels, moving foot pedals, raising dashboards, pulling seats, stabilization of vehicles and simulated rescues of trapped victims. Upon completion of this course, you will receive a State Fire Marshal FSTEP certificate.

BASIC FIREFIGHTER ACADEMY (VOLUNTEER)

This Academy begins on 2/11 with general Academy Orientation, a one day Safety and Orientation Class for CZU Volunteers. The academy includes lectures and manipulative practice skills and is designed to be an entry level training experience for individuals joining a fire department as a volunteer. Wildland and Structure topics include: general safety, basic fire chemistry/behavior, breathing apparatus, portable fire extinguishers, forcible entry, rescue, ladders, water supply, hose loads, fire streams, communications, salvage operations, ventilation techniques, and Wildland fire safety. Hazardous Materials covers Confined Space Rescue Awareness, Hazardous Materials First Responder Operational, & Hazardous Materials First Responder Operational Decontamination. Upon completion the student will receive various certificates including NWCG and CSTI. **Students must be an official member of the department sponsoring them.** Pre course assignments and exact location and times will be sent to the student upon acceptance into the academy.

COMMANDING THE INITIAL RESPONSE

Designed for Company Officers who serve as incident commanders at initial response incidents. This NFA hand-off course is designed to give the participant the information and skills necessary to establish command, perform size-up, develop and implement an action plan, transfer command and organize an incident using an effective fire ground management system.

CPR/AED RECERTIFICATION/EEO

This class for everyone needing to be recertified in Cardio-Pulmonary Resuscitation/Automatic-External Defibrillator. Upon completion, you will receive a CAL FIRE CPR certification card. The second half of the class will offer the mandatory EEO Class required by OSHA for those who need recertification. Students will gain an increased understanding of the definitions, concerns, and legal issues related to Equal Employment Opportunity.

Prerequisite: Existing CPR certification

EMERGENCY MEDICAL RESPONDER (EMR)

This CAL FIRE EMR initial course will include the initial CPR/AED curriculum required as a prerequisite for the EMR course. The course is designed to train fire service personnel to render prehospital basic life support care under field emergency conditions. The CAL FIRE EMR course complies with the National EMS Education Standards for Emergency Medical Responder. Upon completion the student will receive CAL FIRE CPR and EMR cards with a 2 year currency.

EMS SKILLS VERIFICATION TEST

This course provides the EMSA Skills Competency testing required to renew Emergency Medical Responder, EMT-1, or EMT-P certifications. The required CE's to recertify are not a part of this class.

Prerequisite: Existing EMR, EMT-1, or EMT-P

FINANCIAL DOCUMENTS FOR VOLUNTEERS

This course provides volunteer Company Officers an orientation for use of documents that apply to injury, incidents, and training.

FIRE APPARATUS DRIVER/OPERATOR 1A **CFSTES**

Updated to reflect current CVC requirements and the 2009 NFPA 1002 Standard for Fire Apparatus Driver/Operator Professional Qualifications. This course provides the student with information on driver responsibilities, recognized standards, and related laws for fire apparatus. Topics include basic inspections, documentation, maintenance, and troubleshooting fire apparatus, and techniques on driving and positioning fire apparatus. Upon completion of this course, you will receive a SFM CFSTES certificate.

Prerequisites:

- Option 1:** Signed verification from the Fire Chief (form on SFT website)
- Option 2:** California Class B DL, fire fighter restricted
- Option 3:** CDL Class A, B, or C, fire fighter endorsed.

FIRE APPARATUS DRIVER/OPERATOR 1B **CFSTES**

Updated to reflect the 2009 NFPA 1002 Standard for Fire Apparatus Driver/Operator Professional Qualifications. This course provides the student with information on pump construction and theory of pump operations. Topics include methods for performing basic hydraulics and techniques on basic inspections, documentation, maintenance, and troubleshooting fire pumps. Upon completion of this course, you will receive a SFM CFSTES certificate.

Prerequisite: California DL Class B, fire fighter restricted

FIRE COMMAND 1A CFSTES

This course provides instruction and simulation time pertaining to the initial decision and action processes at a working fire. Topics include the fire officer, fire behavior, fireground resources, operations, and management.

Prerequisite: I-200

FIRE COMMAND 1C CFSTES

This course is designed around the responsibilities of the Company Officer at a wildland/urban interface incident. It will bring the structural Company Officer out of the city and into the urban/interface; in other words, from his or her comfort zone into an area that could very well be quite unfamiliar.

Prerequisite: I-200, Fire Command 1A

FIREFIGHTER RETURNEE ACADEMY

This Academy is designed to provide knowledge and skills, and to practice and test mission critical skills to ensure employee safety and preparedness.

Prerequisite: FF1

FIREFIGHTER SURVIVAL FSTEP

This course was developed in the continuing effort to reduce the number of fire fighter injuries and fatalities that occur on an annual basis and provides a greater understanding how to avoid committing fatal errors on the fireground. Avoiding situations that could cause you to become lost, trapped, or injured is the best way to prevent tragedies at a fire scene. Topics include fire fighter survival terminology, developing a survival attitude, increasing situational awareness, and being trained in problem-solving techniques so you can become more self reliant in an emergency. Case studies will be reviewed to outline factors common in many line-of-duty deaths across the nation.

FIRE MANAGEMENT 1 CFSTES

This course prepares or enhances the first line supervisor's ability to supervise subordinates. It introduces key management concepts and practices utilized and includes discussions about decision making, time management, leadership styles, personnel evaluations, and counseling guidelines.

GPS-GLOBAL POSITIONING SYSTEMS NWCG

This course provides basic orientation for the use of GPS devices and their application in the Fire Service. This course will entail field exercises. Upon completion of this course you will receive a NWCG certificate.

HAZ-MAT IC CSTI

Designed to provide an increased capability to assume the role of Incident Commander/IC (or any ICS General and Command Staff position) during a Haz-Mat incident, with emphasis on personnel safety and management.

I-300 INTERMEDIATE ICS FSTEP

This course provides description and detail of the Incident Command System (ICS) organization and operations in supervisory roles on expanding or Type 3 incidents. Topics include: ICS fundamentals review, incident/event assessment and agency guidance in establishing incident objectives, Unified Command, incident resource management, planning process, demobilization, transfer of command, and close out. Upon completion of this course you will receive a SFM FSTEP certificate.

Prerequisite: I-200

L.A.R.R.O. FSTEP

Designed to equip the student with the techniques and methods for using rope, webbing, hardware friction devices, litters in low angle rescue situations. Areas covered include rope and related equipment, anchor systems, safety lines, stretcher lashing and rigging, mechanical advantage systems, and single-line rescue systems.

RESCUE SYSTEMS 1

Key topics include: Team organization, rescue, and environmental considerations, use of ropes, knots, rigging, and pulley systems, descending, rappelling, and belaying tools and techniques, subsurface rescue techniques, use of cribbing, wedges, cutting/prying and hydraulic tools, use of fire service ladders in specialized rescue situations, and day and night simulated rescue exercises.

Prerequisite: Low Angle Rope Rescue Operations, Fire Fighter 1 or equivalent training

S-212 WILDLAND FIRE CHAIN SAWS NWCG

This course provides an introduction to the function, maintenance and use of internal combustion engine powered chain saws, and their tactical wildland fire application. Students will learn the duties and responsibilities of a power saw operator, parts and maintenance of the chain saw, and safety and evaluation. Field exercises support entry level training for firefighters with little or no previous experience in operation a chain saw, providing hands-on cutting experience in surroundings similar to fireline situations. Upon completion of this course you will receive a NWCG certificate and appropriate CAL Fire S-212 card, valid for 3 years.

Prerequisite: FF1

S-212 WILDLAND FIRE CHAIN SAWS FOR VOLUNTEERS NWCG

This course builds on curriculum learned during the BFFA Academy. Students will learn the duties and responsibilities of a power saw operator, parts and maintenance of the chain saw, and safety and evaluation. Field exercises support entry level training for firefighters with little or no previous experience in operation a chain saw, providing hands-on cutting experience in surroundings similar to fireline situations. Upon completion of this course you will receive a NWCG certificate and CAL Fire S-212 card, valid for 3 years.

Prerequisite: Volunteer must have completed the BFFA

S-212 REFRESHER

This course provides a refresher of the duties and responsibilities of the power saw operator, parts and maintenance of the chain saw, application, and safety evaluation. Upon completion of this course you will receive a CAL Fire S-212 card.

Prerequisite: Current S-212 Card

S-230/S-231 CREW BOSS/ENGINE BOSS FSTEP

S-230 covers training for the single resource boss position from initial dispatch through demobilization to the home unit. Topics include operational leadership, preparation and mobilization, assignment preparation, risk management, entrapment avoidance, safety and tactics, offline duties, demobilization, and post incident responsibilities. S-231 is designed to produce student proficiency in the performance of the duties associated with the ENGB. Topics include engine and crew capabilities and limitations, information sources, fire size-up considerations, tactics, and wildland/urban interface.

Prerequisite: S-290; qualified as a FF1

TRAINING INSTRUCTOR 1A CFSTES

This is the first of a three-course series. Topics include methods and techniques for training in accordance with the latest concepts in career education; selecting, adapting, organizing, and using instructional materials appropriate for teaching cognitive lessons; criteria and methods to evaluate teaching and learning efficiency; and an opportunity to apply major principles of learning through teaching demonstrations. Two student instructor teaching demonstrations are required of all.

TRAINING INSTRUCTOR 1B CFSTES

This is the second of a three-course series. Topics include methods/techniques for training with the latest concepts in career education; selecting, adapting, organizing, and using instructional materials appropriate for teaching psychomotor lessons; criteria and methods to evaluate teaching and learning efficiency; and an opportunity to apply major principles of learning through teaching demonstrations. Two student instructor teaching demonstrations are required of all.

Prerequisite: Training Instructor 1A

TRAINING INSTRUCTOR 1C CFSTES

This is the third of a three-course series. Topics include methods and techniques for developing lesson plans, ancillary components, and tests in accordance with the latest concepts in career education. The course offers the opportunity to develop, receive feedback, and finalize instructional materials and deliver a teaching demonstration. Two student instructor teaching demonstrations are required of all.

Prerequisite: Training Instructor 1A
Training Instructor 1B

WATER RESCUE FOR THE FIRST RESPONDER

This course provides an emphasis on developing safety and self-rescue skills. Objectives include understanding water dynamics, handling hazards and obstacles, and using basic rescue equipment

Prerequisite: Volunteers must have completed the BFFA

Appendix R

OSHA, Federal, State, and Locally Mandated Training Requirements

MANDATED TRAINING FOR
"ALL SAFETY PERSONNEL"

COURSE TITLE	FEDERAL, STATE, or LOCAL LAW
SAFETY & ORIENTATION	
General Duty Clause, Employee Safety & Training	29 USC 654 (a)1, CCR T8 3203 (IAPP), Cal Labor Code Section 6317, 6400,6401,6402,6403
EEO Training	OSHA 3148
Blood Borne Pathogens, TB & Communicable Disease	CCR T8-5193 (e), 3203; OSHA Policy P&P C-47, 29CFR 1910.130
Sudden Infant Death Syndrome	H&S 1797.192 & 1797.170 & 171
Respiratory Protection / Fit Testing / SCBA	CCR T8-3401, 3409, 5144, ANSI Z88.5 & 6, T8-5144, 29CFR 1910.134
Elder Abuse	22 CCR 100074 (EMT)
Child Abuse	PC 11166, 22CCR 100074 (EMT)
PPE & Clothing	29 CFR 1910.132, CCR T8-3401
ICS/SEMS	SB 1841, GC 8607, T19-2428, NWCG 310-1, NFPA 1561
Defensive Driver Training	DMV 15250.5, 6, CCR T8-3203, 49 CFR 383
WILDLAND FIREFIGHTING	
Basic Firefighter Skills / Procedures	CCR T8-3203a4b,g,c, CCR T8 6773
Wildland Firefighter	CCR T8-3203 (a)7, 3401, 3410, 6773 NWCG 301-1
Wildland Fire Shelters	CCR T8-3203, 3401,3410
Wildland Fire Behavior	CCR T8, 3401, 3410, 3203
STRUCTURE FIREFIGHTING	
Structural Firefighting Fire Control 3	CCR T8-3203 (a), T8-3401 OSHA
HAZ MAT	
Haz Mat FRO Decon Confined Space Awareness	29CFR 1910.120, CCR T8-3401, 5192, T19-2510 29 CFR 1910.146, CCR T8-5156, 5157, 5158
EMS	
EMT-1 Including Defibrillator First Responder, EMS	CCR 10063(9), T22 CCR 100020,100021,100075
First Responder Defibrillator	CCR T22, Div 9, Ch 1.5, (EMT-D), T-22-100021, 100064
CPR	T22 CCR 100025, H&S 1797, 182; CCR 22-100016,100019
ADDITIONAL TRAINING	
Swift Water Rescue	CCR T8-3203
Terrorism: Emergency Response	National Fire Academy
Driver/Engineer Training	DMV 15250.5, 6, CCR T8-3203, 49 CFR 383