


FAUQUIER COUNTY FIRE RESCUE AND EMERGENCY MANAGEMENT

Effective Date: 12/2004	Subject: IN COUNTY VOLUNTEERING	
Revision Date: 04/2011	Standard Operating Guideline No: 1.28	
APPROVED: <i>Thomas M. Bellinger</i> FIRE RESCUE CHIEF		


PURPOSE: To establish a policy for DFREM employees to follow who wish to volunteer at a Fauquier County Fire/Rescue Station.

SCOPE: It has been deemed that in the best interests of public safety, a policy be established to allow employees to volunteer for at least one duty period per week.

GENERAL: As other counties both in the Commonwealth of Virginia and surrounding states have made policies allowing career staff personnel to volunteer in the areas to which they are assigned, we will follow the same precedent according to the following terms and conditions.

1. The employee is subject to all policies of time and attendance; in the event that a career employee will be late for duty due to being committed on a call as a Fauquier County Volunteer, he/she will notify the incident commander so that notification can be passed on to the duty Battalion Chief.
2. The employee cannot volunteer from 0600 to 1800 hours Monday-Friday, even if the individual is off that day.
3. If returning from a call and this two hour window has arrived, the employee and unit will be considered out of service and unavailable for further response.(i.e. when returning from the hospital to the station, etc. the individual will not respond to additional calls)
4. During any “off duty hours” the employee may only be considered for call back compensation if approved by his/her Battalion Captain, Duty Officer, Assistant Chief or Chief of Department. Otherwise, all time spent responding to calls within the county will be considered voluntary, and non-compensable.
5. No county issued gear or uniforms may be used when volunteering. This applies, also, to volunteering in any jurisdiction outside of Fauquier County.
6. Finally, the employee must have on file a notarized copy of the agreement on the following page bearing their signature.

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By my signature below I verify that I have read and understand the terms of SOP # 1.28 titled "In County Volunteering" and agree to all of the terms outlined therein.

Employee Name: _____

Employee Signature: _____

COMMONWEALTH OF VIRGINIA

COUNTY OF FAUQUIER, to-wit:

Acknowledged before me this day of _____, 20____.

Notary Public

My Commission expires: _____, 20____.

DFREM Approval: _____ Date: _____ 20____.