



## VOLUNTEER POLICY AND PROCEDURES MANUAL

It is a pleasure to welcome you as a Volunteer Firefighter for Dixie County. You are volunteering to provide firefighting duties to the citizens of Dixie County. This Policy outlines criteria that the County expects you to abide by.

### **CODE OF PERSONAL CONDUCT**

In order for any group to work together efficiently and safely, the County has adopted this Code of Personal Conduct. The following is prohibited:

- A. Misappropriating, damaging or destroying County property, property of others or property of the public;
- B. Possession or use of any intoxicant or illegal drugs, including alcohol or marijuana;
- C. Fighting, disorderly conduct on premises;
- D. Violation of or disregard of safety rules or common safety practices;
- E. Possession of any unauthorized fireworks, weapons, ammunition or explosives;

- F. Violation of established policies or general testing requirements;
- G. Conviction of a felony or misdemeanor involving moral turpitude or dishonesty;
- H. Engaging in offensive or disrespectful language or conduct toward the public or toward other County officers;
- I. Any other misconduct prejudicial to the interests of the County.

## **SAFETY**

The County is vitally interested in the safety and well being of each Volunteer. It is our intent to provide safe and healthful conditions.

We ask the cooperation of each Volunteer in the following:

1. Taking precautions in the prevention of accidents to yourself and others
2. Bringing conditions you feel to be dangerous to the attention of the appropriate County Department
3. Proper and safe operation of any equipment you may use
4. Observing all safety regulations
5. Reporting of any personal injury IMMEDIATELY to your immediate supervisor. FAILURE TO ADHERE TO THIS POLICY WILL RESULT IN LOSS OF WORKER'S COMP BENEFITS

If the Volunteer was under the influence of alcohol or drugs at the time of an injury, the Volunteer will forfeit all Workers' Compensation benefits.

## **BACK-GROUND CHECKS**

All members shall be subject to background checks to confirm compliance with requirements for firefighters in Florida Statutes 633.34.

## **DRUG FREE WORKPLACE**

The County acknowledges the importance of establishing and maintaining a drug free workplace, complying with all Federal and State regulations related to drug use, including the Federal Drug Free Workplace Act of 1988, Florida Statute 440.102 on Drug-Free Workplace Program requirements and the Omnibus Transportation Employee Testing Act of 1991. The County's Drug Free Workplace program shall also apply to Volunteers.

### **A. Definitions:**

Drug/Substance Abuse Includes the use of illicit substances or misuse of controlled substances, alcohol or other psychoactive drugs.

Controlled Substances A drug, alcohol, narcotic, or mind-altering substance which includes, but is not limited to: alcohol, amphetamines, barbiturates, benzodiazepines, hallucinogens, methadone, methaqualone, opiates, morphine, cocaine, cannabinoids, phencyclidine, propoxyphene, narcotics, steroids, synthetic narcotics, designer drugs or any metabolite of the previously mentioned substances.

### **B. Procedure:**

1. The manufacture, use, possession or distribution of illicit or controlled substances on County property is strictly prohibited. Having illicit drugs in one's system or a blood alcohol level equal to or in excess of .04 percent is strictly prohibited.

2. Volunteers who manufacture, possess, use or distribute drugs shall be immediately suspended from volunteering for the County. Any confiscated drugs or contraband will be turned over to local law enforcement officials.

3. Any Volunteer who refuses to submit to a test for drugs or alcohol pursuant to this Policy shall be presumed, in the absence of clear and convincing evidence to the contrary, as having illicit drugs in his or her system or a blood alcohol level equal to or in excess of .04 percent.

### **C. Testing:**

1. All Volunteers are required to undergo a random testing program. Volunteers will be tested based upon random drawings of names. Volunteers refusing to test or testing positive for drugs or alcohol will be released from their duties immediately and be required to move off of County property.

D. Reasonable Suspicion: Reasonable Suspicion is based on a belief that a Volunteer is using or has used drugs and/or alcohol in violation of this policy. The belief is drawn from specific objective and articulated facts and reasonable inferences drawn from those facts in light of experience. Approval for such testing may be authorized by the County Manager or his or her designee. If testing is conducted based on Reasonable Suspicion, the designee will immediately document the circumstances which formed the basis of determination that Reasonable Suspicion existed to warrant the testing. Upon determination by the approving authority that Reasonable Suspicion testing is warranted, the approving authority will notify the County Manager. Among other things, such facts and interferences in determining reasonable suspicion may be based upon:

1. Observable documented phenomena, such as observation of drug or alcohol use or of physical symptoms or manifestations of being under the influence of a drug or alcohol.
2. Abnormal conduct or erratic behavior.
3. A report of drug or alcohol use provided by a reliable and credible source.
4. Evidence that an individual has tampered with any drug or alcohol test.
5. Evidence that a Volunteer has used, possessed, sold, solicited or transferred drugs or alcohol.
6. Reports that a Volunteer has been arrested for use (including driving under the influence), possession, selling, solicitation or transferring illicit drugs while on or off duty.

**ACKNOWLEDGMENT OF RECEIPT**

*This Volunteer Policy is not considered a contract or a guarantee of continued service with the County. I understand that I serve at the pleasure of Dixie County and that either the County or I can terminate our agreement at any time with or without cause. I will observe all current policies and rules.*

I understand the County's Drug Free Workplace Policy and that I am subject to random testing at any time.

By my signature below I acknowledge receipt of this Policy and that I have been given the opportunity to ask any questions that I may have.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

STATE OF FLORIDA  
COUNTY OF DIXIE

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_. Said individual is ( ) personally know to me or ( ) produced  
\_\_\_\_\_ as identification.

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA AT LARGE  
MY COMMISSION EXPIRES:

**VOLUNTEER CONTACT INFORMATION:**

Phone # \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Number: \_\_\_\_\_

PLEASE NOTIFY THE ADMINISTRATIVE OFFICE TO CHANGE CONTACT #'S ON FILE  
AS SOON AS ANY CHANGE TAKES PLACE



# DIXIE COUNTY EMERGENCY SERVICES

56 NORTHEAST 210<sup>th</sup> AVENUE  
P.O. BOX 2009  
CROSS CITY, FLORIDA 32628  
(352) 498-1240 FAX (352)498-1244  
www.dixieemergency.com



## Volunteer Firefighter Application

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

Name \_\_\_\_\_

Last

First

MI

DOB: \_\_\_\_\_ SS: \_\_\_\_\_ FLDL: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Cell: \_\_\_\_\_

Current Employment

Location	Address and Phone	Start Date	End

Medical Allergies: \_\_\_\_\_ BloodType: \_\_\_\_\_

List any Fire or Emergency Services experience. Include training and certificates.

\_\_\_\_\_

List below any medical problems that would or could cause you problems if under stressful conditions or situations.

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

In signing this application, I agree to volunteer my services with the volunteer fire service for Dixie County.

Signature: \_\_\_\_\_

Applicant

Signature: \_\_\_\_\_

Chief

BENEFICIARY DESIGNATION



- HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
- HARTFORD LIFE INSURANCE COMPANY
- HARTFORD FIRE INSURANCE COMPANY

Policyholder Dixie County Board of County Commissioners

Policy Number ETB-125071

Insured Person's Name \_\_\_\_\_

Death Benefits to be paid to beneficiary named below State relationship

And the right to change the beneficiary(ies) without the consent is reserved.

Signature of Insured Person \_\_\_\_\_ Date \_\_\_\_\_

NAMING THE BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. If you need assistance, contact your company representative.

The following are the most common designations.

- Mary J. Doe, Wife (NOT Mrs. John Doe).
- Mary J. Doe, Wife, if living, otherwise to Joseph W. Doe, Son.
- Mary J. Doe, Wife, if living, otherwise to Jane Doe, Daughter, and Joseph W. Doe, Son, in equal shares or to the survivor.
- Estate of Insured Person.

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in fractional parts; for example, "1/3 to Mary Jones, Mother, and 2/3 to Edith Jones, Wife."

Please state age and relationship of each beneficiary. If the beneficiary is not related to you either by blood or marriage, insert the words "Not related", and state address of beneficiary.

The signature must be in ink. Do not erase. If corrections are necessary, line out the error and initial the correction.



*Original*

# Employee Information Card

Please fill out this employee information card. It will provide much needed data for our Human Resources Dept.

Name		Last Name		First Name		M.I.		Social Sec. #	
Current Address		Street		City		State		Zip	
Date of Birth		Male or Female		Shirt & Trouser Size		Rank		Cell Phone	
Start Date:				Blood Type:					

## In the Event of an Emergency Please Notify:

1. Name			
Address			
Relationship	Phone (day)	Phone (night)	
2. Name			
Address			
Relationship	Phone (day)	Phone (night)	