

# LOWER MACUNGIE FIRE DEPARTMENT

## Membership Application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Int.

\_\_\_\_\_  
Primary Phone: H W M      Phone 2: H W M  
Circle One: H = Home / W = Work / M = Mobile

\_\_\_\_\_  
Phone 3: H WM

\_\_\_\_\_  
E-Mail

### Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Class

EMS Certified (Circle One):    Y    N

\_\_\_\_\_  
EMS Certification Number

\_\_\_\_\_  
Expires

Sex (Circle One):    M    F

### Emergency Contact Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Primary Phone Number

\_\_\_\_\_  
Alternate Phone Number

\_\_\_\_\_  
Beneficiary

\_\_\_\_\_  
Date

### Previous Fire/EMS Experience:

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

**MAILING ADDRESS  
P.O. Box 3002  
WESCOSVILLE, PA 18106  
(610) 398-0996**



**ONE DEPARTMENT THREE STATIONS  
ALBURTIS  
BRANDYWINE  
WESCOSVILLE  
[WWW.FIRESTATION30.ORG](http://WWW.FIRESTATION30.ORG)**



LOWER MACUNGIE FIRE DEPARTMENT

OSHA BLOODBORNE PATHOGEN STANDARD

**HEPATITIS B IMMUNIZATION CONSENT / WAIVER FORM**

**Member Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**I have been informed of my agency's Bloodborne Pathogens Practice Standard and the Hepatitis B Vaccine Program and;**

1. I understand that a series of three (3) injections of Hepatitis B vaccine is required to provide protection (occasionally, more vaccine is needed if the first series does not result in immunity)
2. If I do not become protected from receiving the vaccine, or if I choose not to receive the vaccine at this time, I understand that I will need post-exposure treatment if I have direct contact with blood or other body fluids at work.
3. I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I have read and I understand the above information and WISH TO RECEIVE the Hepatitis B vaccine series (three doses). Also, I have no known sensitivity to yeast.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**I have read and I understand the above information and DO NOT WISH TO receive the Hepatitis B vaccine (three doses) at this time, Or already have had the vaccine.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF VACCINE (to the best of knowledge): \_\_\_\_\_

**\*\*\*READ FIRST\*\*\***

**LMFD applicants only need to complete the two lines marked with arrows below**

SP 4-164 (12-2017)

**PENNSYLVANIA STATE POLICE  
REQUEST FOR CRIMINAL RECORD CHECK  
1-888-QUERYP (1-888-783-7972)**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. *A response may take four weeks or longer.*

**TRY OUR WEBSITE FOR A QUICKER RESPONSE**

**<https://epatch.state.pa.us>**

REQUESTER NAME	
ADDRESS	
CITY/STATE/ ZIP CODE	
TELEPHONE NO. (AREA CODE)	

**FOR CENTRAL REPOSITORY USE ONLY  
CONTROL NUMBER**

**AFTER COMPLETION MAIL TO:**

**PENNSYLVANIA STATE POLICE  
CENTRAL REPOSITORY – 164  
1800 ELMERTON AVENUE  
HARRISBURG, PA 17110-9758**

**DO NOT SEND CASH OR PERSONAL  
CHECK**

**CHECK ONE BLOCK**

☐ INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE  
A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF  
\$22.00, PAYABLE TO:  
“COMMONWEALTH OF PENNSYLVANIA”  
THE FEE IS NONREFUNDABLE

☐ NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY –  
ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE  
AMOUNT OF \$27.00, PAYABLE TO:  
“COMMONWEALTH OF PENNSYLVANIA”  
THE FEE IS NONREFUNDABLE

☐ FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

SUBJECT OF RECORD CHECK				
(FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE

**The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only.**

**FEE FOR REQUESTS - \$22.00. NOTARIZED FEE REQUESTS - \$27.00.  
\*\*\*MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA\*\*\***

**REASON FOR REQUEST**

**◀◀◀◀◀CHECK THE BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶**

☐ **INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. (\$27.00 FOR REQUEST)**

☐ **ADOPTION (DOMESTIC)**

☐ **EMPLOYMENT**

☐ **VISA**

☐ **OTHER**

**WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.**

***Homeland Security is Everyone's Responsibility - Pennsylvania Terrorism Tip Line 1-888-292-1919***

# **Pennsylvania Voluntary Fire Service**

## **Act 168 Form**

Act 168 of 2006 amended Title 18 (Crimes and Offenses) of the Pennsylvania Consolidated Statutes, Section 2, subsection (h) (1) Arson and related offenses reads:

“A person convicted of violating this section or any similar offense under Federal or State law shall be prohibited from serving as a firefighter in this Commonwealth and shall be prohibited from being certified as a firefighter under Section 4 of the Act of November 13, 1995 (P.L. 604, No.61), known as the State Fire Commissioner Act.”

All individuals making application for certification testing must provide documentation of a background check. Proof of a non-conviction MUST consist of either of the following:

1. An official criminal history record check obtained pursuant to Chapter 91 (relating to criminal history record information) indicating no arson convictions.

OR

2. By dating and signing of the following statement by the person swearing to the following:

“I have never been convicted of an offense that constitutes the crime of “arson and related offenses” under 18 Pa. C.S 3301 or any similar offense under any Federal or State law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.00”

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Signature of Responder

---

Name of Responder (please print or type)

---

Date



**DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS**  
**Required by the Child Protective Service Law**  
**23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)**

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a certification through the Federal Bureau of Investigation (FBI), as:

- the position I am applying for is unpaid; **and**
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I understand that if I have not been a resident of Pennsylvania during the entirety of the previous ten-year period, but have received certification from the FBI since establishing residency, I must provide a copy of the certification to my employer and am not required to obtain any additional FBI certifications.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

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

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

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

## LOWER MACUNGIE FIRE DEPARTMENT

### SERVICE AWARD PROGRAM BENEFICIARY DESIGNATION FORM

*Please read all instructions carefully before completing this form to ensure proper designation of your beneficiaries.*

This form is intended for naming or changing your beneficiary. Any death benefit from the Service Award Program will be made payable in accordance with the designation provided below. This information will be relied upon to contact the individual(s) in the event that a death benefit is payable. Please keep a copy of this form for your records and complete a new form if any of the information needs to be updated or changed. Please consult with an attorney before naming a minor or your estate as a beneficiary; typically, death benefits cannot be paid directly to a minor. Please complete this form and return it to the sponsoring municipality or volunteer organization.

**DATE JOINED:** \_\_\_\_\_

#### PARTICIPANT INFORMATION

\_\_\_\_\_  
**Full Name (First, MI, Last)      Social Security No.      Date of Birth      Phone Number/ E-mail**

\_\_\_\_\_  
**Mailing Address      City      State      Zip      Fire Company**

Lower Macungie Fire Department

#### BENEFICIARY DESIGNATION

Death benefits are paid in entirety to the surviving primary beneficiaries. Benefits are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. Unless percentages *are* indicated, death benefits will be made payable in equal amounts. If a beneficiary listed is deceased, the corresponding benefit will be made payable to the remaining beneficiaries within that designation, proportional to the original percentages allocated. If more space is needed, please attach an additional form and label it "Addendum".

##### PRIMARY

Share (%)	Full Name	Relation	Social Security No.	Date of Birth	Mailing Address
_____ %	_____	_____	_____	_____	_____
_____ %	_____	_____	_____	_____	_____
_____ %	_____	_____	_____	_____	_____

##### CONTINGENT

Share (%)	Full Name	Relation	Social Security No.	Date of Birth	Mailing Address
_____ %	_____	_____	_____	_____	_____
_____ %	_____	_____	_____	_____	_____
_____ %	_____	_____	_____	_____	_____

#### PARTICIPANT AND WITNESS SIGNATURES

I hereby name the individuals above as my beneficiaries and declare that this designation supersedes all previous designations.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Witness must be a Notary, or an Official of the Fire Department

**VFIS**  
**Beneficiary Designation For Accident & Sickness Policy**

Complete this block each time this form is used – Please Print

*See back for important “**beneficiary designation information**” and **instructions***

**SECTION A:**

Department Name \_\_\_\_\_ Policy # : VFP \_\_\_\_\_

Name of Insured: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Complete, sign and date below if you wish to name or change your beneficiary

**SECTION B:**

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced **Accident & Sickness Policy for both the on duty and 24 hour** and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said Policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

**Primary Beneficiary:** *Please read special note on back regarding “minor age children” ( you can have more than two people*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Share: \_\_\_\_\_ %

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Share: \_\_\_\_\_ %

**Contingent Beneficiary:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Share: \_\_\_\_\_ %

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Share: \_\_\_\_\_ %

**Trustee for Minor Children**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If none of the above-named beneficiaries are living at the time of my death, I direct that payments be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail TO: JP Financial Ltd  
64 Brookland St Sydney,  
NS, B1P 5B2  
902 567 3995

## Important Beneficiary Information

### A. Your policy of coverage contains the following provisions for “Payment of Claim to Beneficiaries”.

**“Payment of Claims:** Any loss of life benefit will be paid in accordance with the beneficiary designation on record with us or the **Policyholder**. If no beneficiary is named, loss of life benefits will be paid to the first surviving class of the following classes: the **Insured Person’s** (1) spouse; (2) child(ren); (3) parents; or (4) brothers or sisters. Otherwise, we will pay the benefits to the **Insured Person’s** estate.

### B. Important Warning: RE: Designating Minor Age Child(ren) as Beneficiaries

Children who are of minor age should **NEVER** be named directly as the beneficiary of insurance proceeds. **.REASON:** Children are not legally entitled to give the insuring company “Good Discharge” for the contract proceeds. Therefore if you wish to name insurance proceeds to a minor child, you must leave the monies in-trust for the child. You may do this in one of three ways;

- 1) Leave the monies to a person in-trust for the child or children. Example, “Jane Doe in trust for Emily Deer and Jason Deer”. However we suggest you also provide to the trustee, a “letter of direction. This letter should provide the trustee with directions on how this money should be used to benefit the child(ren) while they are minors and at what age and how the proceeds are to be distributed to the child(ren).
- 2) Leave the monies to your estate but provide within your will for the set up of a trust, specify the policy and what amount of the proceeds you wish to give to the trust for the children.
- 3) Set up a trust outside your will and name the trust as beneficiary of the insurance proceeds.

***We strongly suggest that in all cases you seek advice from your professional advisor on this matter.***

### C. **Primary Beneficiary:** This is the person(s) who at your death you want to receive some or all of the insurance proceeds. The amount of proceeds you wish to assign to each named beneficiary is expresses as a percentage of the total death benefit payable.

Example: If the sum is \$100,000 and you want to give two (2) people \$50,000 each then show;

NAME	50%
NAME	50%

### D. **Contingent Beneficiary:** This provision names alternative person(s) to receive the insurance proceeds if one or more of the primary beneficiaries have pre-deceased you. The contingent beneficiaries share what proceeds which still remain after the primary beneficiaries have been satisfied according to your designation. This commonly comes into effect when a spouse is named as a primary beneficiary but who dies at the same time as the insured.

**NOTE:** If no Contingent beneficiary is named and all primary beneficiaries are deceased then the proceeds will be paid as per the contract provision. If you do not want this to occur, name your “Estate” as a Contingent Beneficiary and the proceeds will be distributed under your will.

## Instructions

1. Complete all items in Section A. Your “Date of Birth” is our method of identification between persons with the same or similar name.
2. Complete the items you deem important in Section B
3. In Section c, indicate which of the following coverages you wish to have this designation applied:  
Both “On duty and “24 Hour” Coverages
4. Please sign and date this designation

### **NOTE THE FOLLOWING:**

- a) **The most currently dated document on file will apply.**
- b) **If no designation is on file then the contract provision identified above under item “A” will apply.**

To make a change to your designation, complete a new form and submit it to us. Upon receipt of your change request, we will destroy the old designation and confirm to you of your new designation.



To: Lower Macungie Fire Department

I, \_\_\_\_\_ request not to participate in the  
Printed Name of Firefighter

Lower Macungie Fire Department Service Award Program. I understand that by signing below I permanently waive all rights to all Service Award Program service credit and cash benefits that I or my heirs may have otherwise been entitled to receive as a result of my active volunteer firefighter service for the Lower Macungie Fire Department. I also understand that I can withdraw this request at any time by properly completing, executing and then submitting to the LMFD Board of Directors a letter requesting to WITHDRAWAL the previously submitted PARTICIPATION WAIVER FORM, and that I would then be eligible to participate in said Service Award Program and that I and my heirs may be entitled to earn Service Award Program service credit and cash benefits from said Service Award Program derived only from my active 'firefighter service after the date such letter is received by the Board of Directors of the Lower Macungie Fire Department.

\_\_\_\_\_  
Signature of Firefighter

\_\_\_\_\_  
Date Signed •

Accepted by the Lower Macungie Fire Department on:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

## **Benefits of Membership**

- **Fitness Program** – The department will reimburse you for half of an annual gym membership, up to a cost of \$300, provided that you meet the 33% requirement.
- **Holiday Banquet and Summer Picnic** – You will have free entry to the department's holiday banquet in December and a summer event (picnic, Iron Pigs game, etc.) provided that you meet the 33% requirement. (You are exempt from the 33% requirement for these events during the year that you joined.)\*
- **Incentive Program** – Our firefighters are paid for each call or Wednesday night training they attend during the year. The amount earned for each event varies from member to member and is based on the certifications / qualifications you hold. This money is paid in January for the prior year, provided that you met the 33% requirement for that year.
- **Retirement Program** – The fire department contributes money annually to a retirement fund for each firefighter. There is a fixed amount contributed each year and it is divided between members based on their length of service. You must meet the 33% requirement to receive a contribution for the year. You are vested after 5 years of participation (5 years of meeting the 33% requirement and receiving a contribution).
- **College Scholarship** – The LMFD Women's Association awards a scholarship for individuals graduating high school who are either the child of a department member or are a member themselves.
- **Annual Physical** – The department will provide an annual physical at no cost. This includes an annual cholesterol test and a chest x-ray and EKG every three years.
- **Commercial Driver's License** – The department will pay for you to obtain your Class B commercial driver's license, and will reimburse you for the difference between the renewal cost of a CDL and the renewal cost of a normal driver's license when you renew your license.
- **Training** – The department will pay for all fire training classes you need (or elect) to take for your service in the department, as long as you have it approved by the Training Officer. The department will also reimburse you for mileage when traveling to training classes.
- **\* 33% Requirement** – *It is necessary to maintain a minimum level of participation throughout the year to be eligible for many of the benefits that the department provides. You receive an attendance credit for each fire call, Wednesday night training, or other department event (work detail, outside class, etc.) you attend. The minimum number of attendance credits necessary to meet the 33% requirement is calculated as 1/3 of the total number of "required" events (fire calls and Wednesday night trainings) that have occurred. This is calculated on a year to date basis.*

## **LOWER MACUNGIE FIRE DEPARTMENT DRUG-FREE WORKPLACE POLICY**

### **Purpose**

The Lower Macungie Fire Department (“Fire Department”) values its members and recognizes their need for the safest possible work environment. Furthermore, personnel abusing drugs and alcohol are often a risk to the safety, security, and overall operations of an organization. The establishment of a Drug-Free Workplace Policy (“Policy”) is consistent with the Fire Department’s desired culture and is in the best interest of the members.

### **Policy**

It is the policy of the Fire Department to maintain a workplace free from the use and abuse of drugs and alcohol. Compliance with this Policy is a condition of continued membership. It is also in conformity with the Township’s current drug and alcohol program through which our Workers Compensation coverage is underwritten. At any time, the Fire Department may unilaterally, at its discretion, amend, supplement, modify, or change any part of this Policy. The Policy does not represent an expressed or implied contract.

If you have any questions about this Policy, please direct them to Fire Department’s Personnel Officer.

To maintain a workplace free from the illegal use of drugs and the use of alcohol, the company has established the following Policy effective November 2014 with regard to the use, possession, and sale of drugs and alcohol.

### **Definitions**

“Illegal Drug” means any drug which is: (1) not legally obtainable; (2) legally obtainable but has been illegally obtained; (3) a controlled substance; (4) a prescribed drug illegally obtained; or (5) a prescribed drug not being used for prescribed purposes or in the prescribed manner.

“Reasonable Suspicion” or “Reasonable Cause” means facts are present which make it appear that the firefighter may be under the influence of alcohol or any substance prohibited by the Policy during working hours or on property of the Fire Department. Any of the following facts shall be deemed to support a finding of “reasonable suspicion” or “reasonable cause”.

1. Observable symptoms of being under the influence of alcohol or drugs (i.e. glassy eyes, vomiting, shaking, slurred speech);
2. Unexplained deterioration in individual job performance;
3. Unexplainable changes in behavior (e.g. abusive behavior, repeated disregard of safety rules or procedures, insubordination, etc.);
4. Unexplained or suspicious absenteeism or tardiness;
5. Reports of drug or alcohol use in violation of this policy from law enforcement governmental agencies, medical personnel, or immediate family members;



6. Employee admissions regarding drug or alcohol use or abuse; or
7. Unexplained absences from normal work areas while working.

The above list is not exhaustive.

### **Drug and Alcohol Prohibition**

Any member involved in any of the following activities is in violation of the Policy and is subject to disciplinary action, up to and including discharge:

- (a) Bringing illegal drugs and/or alcohol onto the Fire Department's premises or property, including in the member's owned or leased vehicles, or onto any premises visited while conducting Fire Department business.
- (b) Having possession of, being under the influence of, or having in one's system illegal drugs;
- (c) Having possession, being under the influence of, or having in one's system, alcohol while on the Fire Department's premises or while conducting Fire Department business;
- (d) Using, consuming, transforming, distributing or attempting to distribute, manufacturing or dispensing illegal drugs;
- (e) Using, consuming, transforming, distributing or attempting to distribute, manufacture, use or dispense alcohol while on the Fire Department's premises or while conducting Fire Department business; or
- (f) Switching, tampering with, altering or adulterating any specimen or sample collected under this Policy or attempting to do so.

Any member refusing to cooperate with or submit to questioning, medical or physical tests or examinations, when requested or conducted by the Fire Department or its designee, in conformity with this Policy is in violation of this Policy and subject to disciplinary action.

### **Drug and Alcohol Testing**

In conformity with this Policy, members or prospective members may be asked to submit blood, urine, saliva, breath, sweat, and/or hair for testing for drugs and alcohol. Any information obtained through such examinations may be retained by the Fire Department and is the property of the Fire Department.

The Fire Department reserves the right to examine and test for the presence of drugs and alcohol in the following instances:

1. **Pre-Employment:** All new members will be required to submit to testing within 90 days of joining the Fire Department and sign an acknowledgment form, which will release the Fire Department from liability. The Fire Department will not discriminate against applicants for membership because of past drug abuse or addiction.

2. **At Annual Physical Examinations:** All active members, as part of their annual physical examination, will be required to submit to a drug and alcohol test and sign an acknowledgment form, which will release the Fire Department from liability.

3. **Post-Accident:** A drug and alcohol test will be conducted on all members involved in accidents occurring while in service or while on department property under the following circumstances:

A. The member caused or contributed to the accident; and:

B. One or more of the following:

(i) There was a police or governmental investigation of the accident; or

(ii) There were injuries to another member or the public; or

(iii) There was damage to property (either belonging to the Fire Department, or any other person or entity) with said damage exceeding the value of \$100.00.

Members are expected to make themselves available for post-accident testing. If circumstances require a member to leave the scene of an accident, the member must make a good faith attempt to be tested and to notify the Chief, Chief Officer or one of the Fire Department's Health & Safety Officers.

Failure to report any accident that meets the post-accident testing criteria is in violation of Fire Department policy and subject to disciplinary action. Members testing positive or refusing to submit to a drug and/or alcohol test, are subject to disciplinary action including dismissal, and may be ineligible for workers' compensation benefits.

4. **Reasonable Suspicion/Cause:** Any member may be asked to submit to a drug and alcohol test if reasonable suspicion/reasonable cause exists.

5. **Return to Duty:** A member who has tested positive for drug or alcohol use and has been removed or relieved from his or her member duties must submit to and furnish a negative drug and alcohol test prior to returning to active member status.

6. **Follow-up:** Any member who has been removed voluntarily or otherwise from active member status due to drug or alcohol use or abuse must agree to be tested on a random and discretionary basis anytime for up to 24 months from the return to work date. These members will be required to sign and abide by a last chance agreement.

## **Drug and Alcohol Testing Procedures**

Whenever possible, the drug and alcohol tests will be performed from urine specimens collected at a qualified collection site or at the Fire Department facility using an onsite testing kit. The

Fire Department also reserves the right to perform a breath or saliva alcohol test in circumstances in which the Department deems it appropriate.

The collector will take necessary steps to avoid any dilution or alteration of the specimen. The test shall be conducted in a professional, and sanitary manner with due regard for the individual's privacy, dignity, and confidentiality.

The Fire Department reserves the right to analyze the specimen for the following controlled substances, plus alcohol. Some of the common drug names are included in parentheses:

- Cannabinoids and/or THC (Marijuana)
- Cocaine
- Opiates (Heroin, Morphine, Codeine)
- Amphetamines (Stimulants like Benzedrine and Didrex)
- Phencyclidine (PCP)
- Barbiturates (Depressants like Phenobarital and Secobarbital)
- Benzodiazepines (Depressants like Valium and Xanax)
- Propoxyphene (Narcotics like Darvon and Darvocet)

Any positive result from this test will be reviewed by an independent Medical Review Officer (MRO) prior to the result being communicated to the Fire Department. The MRO will give the member the opportunity to rebut any positive test result and provide evidence of the proper use of a prescription drug. This will ensure that positive results are not due to prescription drugs or other factors that the MRO feels justify the presence of controlled substances.

Any member who is tested will have the right, upon request, to see the results of his/her test and request a retest of the original specimen at a different certified laboratory (at the member's expense) within 10 business days of being notified of a positive test result.

All information regarding the drug and/or alcohol test results or failure to complete rehabilitation will remain confidential and will only be given out on a strict need-to-know basis.

## **Member Assistance**

One purpose of the Fire Department's Drug-Free workplace Policy is to assist members who suffer from drug or alcohol abuse. If you are enrolled in a company's Medical Plan at your place of full-time employment, your health care benefits may pay a portion of your initial consultation and rehabilitation costs.

It is the member's responsibility to seek assistance before drug or alcohol leads to disciplinary action. The member's decision to seek prior assistance from the EAP will not be used as the basis for disciplinary action and will remain confidential. Contacting the EAP or Medical provider will not be a defense to avoid disciplinary action where the facts proving a violation of the Policy or giving to other disciplinary action are obtained outside of the consultation.

## **Disciplinary Actions**

Any member who tests positive for alcohol and/or an illegal drug under the testing circumstances set forth under the "Drug and Alcohol/Testing" section above is subject to disciplinary action, including dismissal.

The Fire Department reserves the right to use disciplinary actions, up to and including termination of the member's membership, depending upon the seriousness of the violation, the member's present job assignment, his/her record with the department, and other factors, including the impact of the violation upon delivering emergency services to the community. Any member who refuses to submit to drug/alcohol testing or attempts to adulterate or alter the specimen will be subject to disciplinary actions, up to and including discharge.

## **Acknowledgment**

As a condition of continued membership and qualification, Fire Department members must sign the attached acknowledgment form.

Approved On: 10/29/2014

## Acknowledgment Form

I hereby acknowledge receipt of the Fire Department's Drug-Free Workplace Policy ("Policy") regarding drugs and alcohol.

My signature acknowledges my understanding and concurrence with the procedures outlined in the above referenced policy. It is my consent to medical testing, including but not limited to giving urine, blood, hair, sweat, breath, and/or saliva sample(s) to be used for drug and alcohol analysis under the conditions outlined in the Policy.

In connection with and consistent with the provisions of the Policy:

- (1) I authorize the release of any urine, breath, blood, hair, sweat, and/or saliva sample(s) and the results of any tests and examinations performed thereon to the Fire Department and any doctor, medical personnel, hospital, medical center, clinic, etc., or any representatives with whom they may choose to consult regarding the sample tests or examination results. I will be given an opportunity to explain a positive test result to the Medical Review Officer before the test result is reported to the Fire Department as a verified positive test result.
- (2) I understand that the test results may be released by the Fire Department to the applicable state unemployment agencies and to the Fire Department's workers' compensation insurer(s), where permitted or required by law. I understand that if I test positive for drugs or alcohol following an on-the-job accident or at any other time, or refuse to submit to any drug and/or alcohol test required by this Policy, I may be ineligible for workers' compensation and/or unemployment benefits.
- (3) I understand that refusal to submit to any test required by this Policy, a positive test result, or refusal to authorize the release of the results is grounds for disciplinary action up to and including termination of Fire Department membership.

I recognize that the Policy does not constitute an express or implied contract of active membership.

EMPLOYEE NAME: \_\_\_\_\_  
(Printed)

LAST 4 DIGITS OF SOCIAL SECURITY NO. \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Lower Macungie Fire Department**  
**Apparatus Boarding Qualifications**  
Revised 03/15/18

The following are minimum requirements established by the Lower Macungie Fire Department for Probationary Firefighter apparatus boarding qualifications.

Each Probationary Firefighter shall report to the appropriate Company Officer for each apparatus. The firefighter must complete each qualification skill and the Company Officer must sign and date each skill until all are completed.

The Company Officer must then sign and date that this firefighter is qualified to board the apparatus for emergency calls. Each form shall then be signed by the Chief.

If at any time the firefighter demonstrates any difficulty performing any of the skills during an emergency, the Chief or Company Officer has the right to curtail his/her boarding qualifications until review training is completed.

I have read and understand these procedures and have received a copy of the qualifications for boarding Engines 8011 & 8112, Trucks 8131 & 121 and Rescues 8041 & 141 on the following date: \_\_\_\_\_.

\_\_\_\_\_  
Firefighter's printed name

\_\_\_\_\_  
Firefighter's signature

## LMFD Boarding Qualifications

### Engine 8011 (2015 Rosenbauer) & 8112 (2010 Rosenbauer)

Officer's Initials/Apparatus/Date

1. Knows location of equipment \_\_\_\_\_
2. Identify types of fire extinguishers \_\_\_\_\_
3. Identify size/length of pre-connected attack lines \_\_\_\_\_
4. Identify discharges vs. intakes/make connections \_\_\_\_\_
5. Making hydrant connection \_\_\_\_\_
6. Scene light set up and operation \_\_\_\_\_
7. Electric exhaust fan operation \_\_\_\_\_
8. Changing of SCBA cylinders \_\_\_\_\_
9. Use of spill equipment \_\_\_\_\_
10. Hook up of fill hose/fill water tank at station \_\_\_\_\_
11. Assist in putting apparatus back into service \_\_\_\_\_

\_\_\_\_\_ has met the qualifications above and is permitted to board Engine 8011 and/or 8112 for emergency calls as of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Engine Company Captain

\_\_\_\_\_  
Signature of Chief

## LMFD Boarding Qualifications

### **Truck 8131 (2017 Rosenbauer) & 121 (2020 Rosenbauer)**

Officer's Initials/Apparatus/Date

- |  |       |
|--|-------|
| 1. Knows location of equipment                             | _____ |
| 2. Identify/operation of fire extinguishers                | _____ |
| 3. Generator and scene light operation                     | _____ |
| 4. Electric exhaust fan operation                          | _____ |
| 5. Changing of SCBA cylinders                              | _____ |
| 6. Operation of vent/K12 saws (except junior firefighters) | _____ |
| 7. Assist with Tanker Operation (Truck 121)                | _____ |
| 8. Assist in putting apparatus back into service           | _____ |

\_\_\_\_\_ has met the qualifications above and is permitted to board Truck 8131 and/or 121 for emergency calls as of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Truck Company Captain

\_\_\_\_\_  
Signature of Chief



## LMFD Boarding Qualifications

### Rescue 8041 (2021 Pierce) & 141 (2021 Pierce)

Officer's Initials/Apparatus/Date

- |   |       |
|---|-------|
| 1. Knows location of equipment                                    | _____ |
| 2. Identify/operation of fire extinguishers                       | _____ |
| 3. Identify size/length of pre-connected attack lines             | _____ |
| 4. Identify discharges vs. intakes/make connections               | _____ |
| 5. Making hydrant connection                                      | _____ |
| 6. Scene light set up and operation                               | _____ |
| 7. Electric exhaust fan operation                                 | _____ |
| 8. Changing of SCBA cylinders                                     | _____ |
| 9. Use of spill equipment   | _____ |
| 10. Operation of vent saw/Hurst pump (except junior firefighters) | _____ |
| 11. Hook up of fill hose/fill water tank at station               | _____ |
| 12. Location of RIT equipment (Rescue 141)                        | _____ |
| 13. Assist in putting apparatus back into service                 | _____ |

\_\_\_\_\_ has met the qualifications above and is permitted to board Rescue 8041 and/or 141 for emergency calls as of

\_\_\_\_\_.

\_\_\_\_\_  
Signature of Rescue Company Captain

\_\_\_\_\_  
Signature of Chief