

Volunteer Stipend Incentive year-end reporting form

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	Station	l

Volunteer Member

2016

Certification Statement:

I certify that the above volunteer Firefighter/EMS provider:

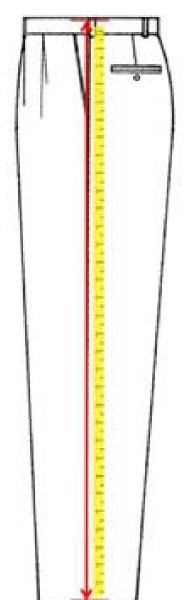
- 1. Has served as an active volunteer of the department between <u>January 1, 2016 and December 31, 2016</u>
- 2. Has completed all of the training requirements identified in CCFR minimum training requirements (Policy 102.11, 102.16, 102.18)
- 3. Copies of all required training AND certifications are current in Target Solutions
- 4. Has a minimum of 20 documented operational/training /meeting hours per month or 240/year.
- 5. All hour documented beyond 240 hours must be those associated with Duty Hours and or Incident hours.

 -Documentation must accompany hours beyond 241hours

District Chief—Signature

Date	Volunteer Duties	Hours	Total Operational /Training /Meeting Hours		
Jan 16			Total bayand 241 hours		
Feb 16			Total beyond 241 hours:		
Mar 16			Supplement Information		
April 16					
May 16			Baseball Hat: Sm MD LG		
June 16			T-shirt Sm MD LG XL 2XL 3XL 4XL 5XL		
July 16			Golf Shirt: Sm MD LG XL 2XL 3XL 4XL 5XL		
August 16			White Blue		
Sept 16			Winte Blue		
Oct 16			Rank:		
Nov 16			First Initial. Last name		
Dec 16			1 list linual. Last name		
			Pants: X		
			Waist Size X IN-Seam Length		
Fire-Rescue Administration use only					
Target Solu	tions Complete Yes No				

Outseam Measurement



Hat Size 61/2	Inches 20%	S. NEW.
6%	20%	MS
2	<u>N</u>	
<u>a</u>	21%	
7	21%	
71/4	221/	
7	25	
=	ß	T
1		
7	23	
7	241	2
3	24	