

Volunteer Firefighters' and  
Rescue Squad Workers'  
Service Award Fund Program

The seal of Caroline County, Virginia, is a circular emblem. It features a central shield divided into four quadrants by a cross. The top-left quadrant shows a woman's head and shoulders. The top-right quadrant shows a large, multi-story building. The bottom-left quadrant shows a landscape with a river, trees, and a small house. The bottom-right quadrant shows a landscape with trees and a building. The shield is set against a background of a sunburst. The words "CAROLINE COUNTY" are written in a circle around the top, and "VIRGINIA" is written around the bottom. The year "1721" is visible in the top-left quadrant.

**VOLSAP**

for  
Caroline County  
Fire and Rescue  
Volunteer Providers

## **Background**

Recognizing the valuable service provided by our fire and rescue volunteers, the Caroline County Board of Supervisors approved County participation in the Volunteer Firefighters' and Rescue Squad Workers' Service Award Fund (VOLSAP) program. Beginning with the first quarter in 2010, the County will provide a matching contribution for each participating volunteer (subject to budget allocation).

## **Introduction**

The policy outlines volunteer enrollment in VOLSAP and County distributions. It does not address any tax liabilities created by this program. Volunteer personnel are encouraged to consult their tax advisors concerning any distributions or purchases of previous years of service in the program.

## **Eligibility**

All Caroline County Fire and EMS personnel are eligible to participate in the VOLSAP program provided they meet the following:

- Active member of a Caroline County Volunteer Fire Department or Rescue Squad for a minimum of 12 consecutive months prior to enrollment in the program. Active membership is defined as providing 24 hours of service to an agency through either station duty coverage, attending Fire / EMS training programs, or running calls. Fund raising hours do not count towards active duty. Inactive life members and auxiliary members do not qualify for VOLSAP participation.

## **Open Enrollment**

The County will conduct yearly open program enrollment each fall from November 15<sup>th</sup> through December 31<sup>st</sup>. Enrollment will not take place outside of this yearly period.

Volunteers wishing to enroll in the program should complete the *Application for Membership* (VOLSAP 1) form. This form must be signed by the agency District Captain/Chief (District Captains/Chiefs shall obtain signatures from their agency Presidents). The Captain/Chief shall confirm the applicant has been an active member for the previous 12 month period.

Participants will return enrollment forms to the Department of Fire and Rescue at the following address:

Caroline County Dept. of Fire-Rescue and Emergency Management  
PO Box 447  
Bowling Green, VA 22427

Do **not** mail forms directly to the VOLSAP Plan Administrator in Richmond.

Enrollment forms should be accompanied by a check for \$120.00 made payable to: Caroline County Treasurer.

Volunteers who are currently enrolled through their volunteer agencies should complete an *Existing Membership* form and return it to Fire and Rescue Administration along with their yearly \$120.00 payment.

Volunteers who have made past VOLSAP contributions but are no longer program members should contact Fire and Rescue Administration. Additional forms and information may be required.

### **County Matching Funds**

VOLSAP allows for matching funds up to \$120 a year for participating volunteers. Caroline County has budgeted \$10,000.00 a year to start this program. This will allow full matching funding for up to 83 volunteers. Should greater than 83 volunteers enroll in the program, matching funds will be reduced proportionally. For example, if 100 volunteers enroll, yearly matches will be reduced to \$100 for each. If 125 volunteers enroll, matches will be \$80 each. These reductions will ensure that all participants are treated in a fair and equitable manner.

### **Purchasing Prior Years of Service**

Eligible Volunteers may elect to purchase prior years of service in the VOLSAP program by completing an *Application To Purchase Prior Service* (VOLSAP 3) form. This form and purchase guidelines are available from Fire and Rescue Administration. Please note that no County matching funds are available for previous years of service.

### **Beneficiary Change Form**

Members may change beneficiaries at any time during the year by completing a Beneficiary Election Change (VOLSAP 4) form. These forms are available from Fire and Rescue Administration.

### **Distribution Forms**

Distribution forms are available from Fire-Rescue Administration. Distributions apply to:

- a member who has reached the age of at least sixty, who has served twenty years as an eligible volunteer.
- a member who has reached the age of at least sixty but has not served twenty years as an eligible volunteer.
- a member withdrawing from the Fund without having served twenty years or reaching the age of sixty.
- beneficiaries in the event of a members death

Distribution formulas and options vary depending on the category. Contact Fire and Rescue Administration for distribution forms and additional details.

COMMONWEALTH OF VIRGINIA  
VOLUNTEER FIREFIGHTERS' & RESCUE SQUAD WORKERS' SERVICE AWARD FUND

## APPLICATION FOR MEMBERSHIP

PLEASE PRINT

I. Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Fire  Rescue Department or Squad Name \_\_\_\_\_  
Date Service Began in \_\_\_\_\_  
Location/County \_\_\_\_\_ this Department \_\_\_\_\_

**BENEFICIARY – UNLESS OTHERWISE INDICATED ON VOLSAP FORM 4, THE BENEFICIARY SHALL BE THE MEMBER'S SPOUSE, IF NONE, HIS LIVING CHILDREN EQUALLY; IF THERE ARE NO CHILDREN, HIS HEIRS-AT-LAW AS MAY BE DETERMINED BY THE BOARD, OR HIS ESTATE, IF IT IS ADMINISTERED AND THERE ARE NO HEIRS, OR SUCH OTHER BENEFICIARY OR BENEFICIARIES AS THE MEMBER MAY NAME ON A FORM PREPARED BY THE BOARD, SIGNED BY THE MEMBER AND FILED IN A MANNER PRESCRIBED BY THE BOARD.**

Check here if Beneficiary Election Change Form (VOLSAP 4) is attached.

### II.

#### MEMBER CERTIFICATION

(Check Appropriate Block)

- Initial Enrollment in Fund. *(Requires completed Membership Application and quarterly contribution.)*
- Prior Member Applying to Rejoin. *(Requires completed Membership Application and quarterly contribution. An administrative fee of \$25 will be deducted from the member's account.)*
- Prior Member in Good Standing Who Notified the Board of Discontinuance of Contributions Applying to Rejoin. *(Requires completed Membership Application and quarterly contribution; no administrative fee deducted.)*

**IMPORTANT:** Membership is effective on the date this application and contribution are received in good order by the Plan Administrator. Funds are invested within 5 days of the end of the quarter. If credit for any prior service with a department is desired, Form VOLSAP 3 "Application to Purchase Prior Service" must be completed. Contributions must be kept current. Members who become six (6) months delinquent forfeit membership.

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

### III.

#### DEPARTMENT/SQUAD CERTIFICATION

I certify that the above named applicant is a current member of the designated Department/Squad and is eligible to become a member of the Fund.

Please print your name on this line and sign on the next line. \_\_\_\_\_

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

Title \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

**SEND ALL FORMS and CHECKS TO:**

VOLSAP Plan Administrator  
c/o Palmer & Cay Consulting Group  
9020 Stony Point Parkway, Suite 200  
Richmond, VA 23235

COMMONWEALTH OF VIRGINIA  
VOLUNTEER FIREFIGHTERS' & RESCUE SQUAD WORKERS' SERVICE AWARD FUND

**MEMBERSHIP CONTINUATION FORM**

PLEASE PRINT

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Fire  Rescue Department or Squad Name \_\_\_\_\_

Location/County \_\_\_\_\_ Date Service Began in  
this Department \_\_\_\_\_

Previous Department  
Service \_\_\_\_\_

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

*I certify that the above named applicant is a current member of the designated  
Department/Squad and is eligible to remain a member of the Fund.*

Please print your name on this line and sign on the next line.

\_\_\_\_\_  
Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Telephone No. \_\_\_\_\_