

**NIAGARA COUNTY FIRE COORDINATOR &
EMERGENCY SERVICES OFFICE**

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Director of Emergency Services
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2023 NIAGARA COUNTY WAIVER AND AGREEMENT

Fire Chiefs: Please check the box for each approved team membership below with the understanding that members may respond to, train, or standby within any contiguous and non-contiguous County within NYS or Territory of the USA and the Province of Ontario, Canada.

Applicant Name: _____
(please print)

- | | |
|---|---|
| <input type="checkbox"/> Fire Investigation Team | <input type="checkbox"/> Haz-Mat |
| <input type="checkbox"/> Technical Rescue Team | <input type="checkbox"/> Fire Police |

I, the undersigned, hereby enter into the following agreement with the Niagara County Team as indicated at the bottom of this form:

1. I understand that service in the Team is strictly on a volunteer basis without expectation of financial remuneration.
2. I understand that service in the Team shall not interfere and/or conflict with any other employment.
3. I acknowledge and agree that insurance coverage for my duties in the Niagara County Team shall be underwritten by the Fire Department of which I am a member, in the event said Department does not participate in the County Insurance Plan.
4. I agree to make myself reasonably available to the Niagara County Team for assignments and required training.
5. I agree to complete and file all required reports and related documents in a timely manner.
6. I agree to remit an unexpired, valid physical annually (within the last calendar year) to meet the requirements of my team and personal response level clearance (i.e. Fit testing, confined space, etc.) no later than March 1 of the current calendar year.
7. I understand and agree that upon notification that my physical or response level clearance has expired, I will be asked to furnish new documentation.
8. I understand that this waiver/agreement must be filed annually with the Niagara County Fire Coordinator and Emergency Services Office no later than March 1 of the current calendar year.
9. I understand that my failure to submit the requirements outlined in this agreement will result in my ability to respond being suspended until documentation is received in good order.

Applicant Signature

Date

Fire Chief Signature & Fire Company Name

Date