



Division 11 Personnel Management

Chapter 21 – Volunteer Leadership Information Form

March 2009

POLICY

This General Order shall ensure that a current, accurate list of the volunteer leadership for each volunteer organization is maintained and provided to the Emergency Operations Command Lieutenant Colonel.

It is the responsibility of the Battalion Chief to maintain an accurate record of the volunteer leadership in his/her respective Battalion.

REFERENCES

N/A

DEFINITIONS

N/A

FORMS/ATTACHMENTS

Attachment #1 – Volunteer Leadership Information Form

PROCEDURES

1. General Provisions

The station supervisor shall immediately notify the Battalion Chief of any changes due to special appointment and/or yearly elections. The supervisor may be required to gather the requested information.

The Battalion Chief shall immediately forward the names and ranks of the newly elected president and chief officers to Fire/Rescue Operations and the Emergency Operations Command (EOC) office via the Chain-of-Command. Fire/Rescue Operations shall forward the standard correspondence related to the change of officers to the EOC office within 24 hours.

The Division Commander shall ensure that the completed Volunteer Leadership Information Form (Attachment 1) is submitted to Fire/Rescue Operations and the EOC office within 72 hours.

2. Responsibility

EMERGENCY OPERATIONS COMMAND



PRINCE GEORGE'S COUNTY, MARYLAND
FIRE/EMS DEPARTMENT



VOLUNTEER LEADERSHIP INFORMATION FORM

Station _____

Date: _____

Duration of Office _____ Month/Year to _____ Month/Year

Volunteer Chief: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Pager Number: _____

Cell Phone: _____

Volunteer President: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Pager Number: _____

Cell Phone: _____

Volunteer Deputy Chief (A): _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Pager Number: _____

Cell Phone: _____

Volunteer Assistant Chief (B): _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Pager Number: _____

Cell Phone: _____