

**CERTIFICATION OF ACTIVE VOLUNTEERS**  
**Adams County Volunteer Service Credit Program**

**Tax Year \_\_\_\_\_**

The undersigned, being the chief or manager of the volunteer fire company or nonprofit emergency medical services agency identified below that is located and operated in Adams County, hereby certifies that the following Volunteers are members of good standing, having served at least six (6) months during the period of January 1<sup>st</sup> through December 31<sup>st</sup> of the preceding calendar year and having obtained at least fifty (50) points as outlined in the attached instructions.

**NOTE:** If an Applicant intends to combine points from another qualified organization in the County, please write their name under "Name of Qualified Volunteers" followed by the number of points obtained serving your organization during the year (e.g., "John Smith (24 pts)"). Do not include points obtained outside of your organization.

Name of fire department or nonprofit emergency medical services agency:

\_\_\_\_\_

Name of Qualified Volunteers:

Address:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

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By executing this Certification, I swear or affirm that the information contained herein is true and accurate to the best of my knowledge, information, and belief. Any false information submitted herein is subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Printed Name of  
Chief/Manager: \_\_\_\_\_

Signature of  
Chief/Manager: \_\_\_\_\_

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

State of

}

ss.

County of

On this, the \_\_\_\_ day of \_\_\_\_\_, **20**\_\_, before me, the undersigned officer, personally appeared.

Known to me (or satisfactorily proven) to be the person whose name they subscribed to the within instrument and acknowledged that they executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

\_\_\_\_\_ My Commission expires \_\_\_\_\_

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**INSTRUCTIONS**

1. This Certification is to be completed by the chief or manager of the volunteer fire company or nonprofit emergency medical services agency described above, listing all members of the fire company or nonprofit emergency medical services agency who were members in good standing for the taxable year noted above and who have submitted their Applications to the chief or manager. A member in good standing is defined as a Volunteer who has been active for at least six (6) months during the period of January 1<sup>st</sup> through December 31<sup>st</sup> of the preceding calendar year and has obtained a total of fifty (50) points by completing the following qualifying activities:

**a. Emergency Responses**

- i. Fire or Ambulance Call - 1 point per emergency response

**b. Training**

- i. Department Training - 5 points per training
- ii. Certified Training - 5 points per 8 hours
- iii. Hazardous Materials Refresher - 5 points
- iv. Annual Self-Contained Breathing Apparatus - 2 points
- v. Annual Driver Recertification - 4 points

**c. Meetings**

- i. Fire Department Meetings -4 points per meeting
- ii. Emergency Medical Services Meetings - 4 points per meeting
- iii. Committee Meetings - 2 points per meeting
- iv. Board of Officers/Relief/Officer's Meetings - 2 points per meeting
- v. Relief Meeting- 2 points per meeting

**d. Work Details**

- i. Scheduled Work Details - 5 points per detail

**e. Fire Prevention/Public Education Activities**

- i. Fire Prevention Activities - 5 points per event
- ii. Public Education Events (parades, carnivals, etc.) - 3 points per event

The chief or manager of the volunteer fire company or emergency medical services agency must maintain a service log of all credited activities. If an Applicant indicates that they intend to combine points obtained through another qualified organization within the County, the chief or manager shall fill in the Applicant's name followed by the number of points obtained at this organization during the eligible period (e.g., "John Smith (24)")

- 2. This completed and executed Certification and all timely Applications must be mailed or hand-delivered in a single packet to the County Tax Services Department **no later than January 15<sup>th</sup> following the immediately preceding tax year.** The Certification and Applications must be timely delivered to the following address to receive consideration:

Adams County Tax Services Department  
117 Baltimore Street, Room 202  
Gettysburg, PA 17325