



Polk County Fire Services

Todd Coogan OEM Coordinator (479) 394-8141
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Introduction Letter

The Volunteer system is designed to provide life and property protection to our local community. As a volunteer firefighter with Polk County Fire Services, you will respond to fires, floods, medical calls (if trained in that area), traffic accidents that may involve hazardous materials (HAZMAT), search and rescue, weather-related emergencies, and any other types of emergency situations which may need immediate response from a team of trained individuals.

In addition, out of the 15 volunteer departments, there is also a need for auxiliary members to support the firefighters at these emergency situations. So, whether you desire to be a volunteer firefighter, or want to help your local volunteers in another compacity, you are encouraged to join the fire department in your area.

As a volunteer firefighter, you will be required to attend regular training meetings and successfully complete the following classes: Chapter 1 Fire Service and Safety-Intro- 7th Edition (8) hours, Firefighter PPE (16) hours, and Wildland (8) Hours, HAZMAT Awareness (8) hours, Incident Command System 100 (4) hours and if interested, EMR (First Responder) training. Along with this training you must be active in fire meetings and training put on by our fire departments. You will also need to get a FEMA Student Identification (SID) Number before enrolling in any classes. You can go to <https://cdp.dhs.gov/femasid> to get one. If you need assistance, please call the Office of Emergency Management at 479-394-8141.

To begin the volunteer process, please complete the attached applications and return them to the Office of Emergency Management, located in the basement of the Polk County Courthouse. You can also email it to oem@polkcountyar.org If needed, the application can be emailed to you. You must possess a valid **Arkansas Driver's License** and have **No Criminal History**. The minimum age is Eighteen and there is no upper age limit.

Should you have any questions regarding our volunteer program, feel free to reach out to our office.

Todd Coogan OEM Director
James Hale OEM Deputy Coordinator
Polk County Fire Service and E-911

Polk County Fire Services

Statement of Physical Health

Department Name: _____ Date: _____
Full Legal Name: _____
Address: _____
Email Address: _____
Date of Birth: _____ SS# _____
Cell Phone: _____
Cell Phone Company: (for E-dispatches): _____

Do you have any pre-existing health or physical conditions which may prohibit or restrict your firefighting capabilities? If so, please explain: _____

Do you have any medical alerts or allergies? Yes: ___ No: ___
If so, please explain:

Name of Family Doctor: _____

Doctor Phone Number: _____

Emergency Contacts:

Name: _____ Phone # _____ Relationship: _____

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Polk County Fire Services

Polk County Fire Services Policy

Personnel Responding to Calls in Private Vehicles

This policy will apply to personnel responding to all emergencies, or non-emergency calls-for-service.

Personnel responding in their own personal vehicles are not covered by Polk County insurance and are responsible for providing their own coverage. Volunteers must have auto insurance, as required by law, when operating their personal vehicle to and from the station or incident.

Personnel are to respond to their respective stations upon notification. Operation of your personal vehicle while enroute to the station is governed by the *Arkansas Vehicle Code*. There are no provisions in the Vehicle Code that exempt volunteers from compliance with all regulations, regardless of the circumstances.

Personnel will be subject to a drug screen if they are involved in an accident while responding to an official notification from the Polk County Fire Dispatch and are covered by Polk County Workman's Compensation Insurance.

If you respond directly to the incident, park your vehicle in the direction of travel well away from the scene and off the road so as not to interfere with normal traffic.

****This page must be signed and notarized by an authorized Notary Public.**

I acknowledge that I have read and understood this policy.

Printed Name: _____

Signature: _____

Sworn (or affirmed) and subscribed before me this _____ day of _____, 20____

(Notary Public) My Commission

Expires: _____

Polk County Fire Services

Workers' Compensation Insurance

Department Name: _____

Name: _____

Date of Birth: _____

Social Security Number: _____

Occupation: _____

Address: _____

Workers' Compensation

For Workers' Compensation coverage, Emergency Management/Fire Services Volunteer Workers (duly registered and qualified) shall be deemed local government employees when called out in response to an emergency. Beginning January 1, 2025, volunteers are covered with workers compensation that now includes a \$10,000 survivor benefit and coverage of lost wages (a percentage of your income). These benefits are paid by the county at no cost to the volunteers.

****This page must be signed and notarized by an authorized Notary Public.**

Printed Name: _____

Signature: _____

Sworn (or affirmed) and subscribed before me this _____ day of _____, 20____.

Witness

Signature

**Insert Copy of Driver's License or
visit the OEM office and we
will make a copy for our records.**